

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002059

FILED
Apr 28, 2009
Secretary of State

Entity Name: HEART SPECIALISTS OF SARASOTA, P.L.

Current Principal Place of Business:

1852 HILLVIEW STREET, SUITE 308
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1852 HILLVIEW STREET, SUITE 308
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-0983923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULP, STEPHEN
1852 HILLVIEW ST STE 308
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

CULP, STEPHEN C
1852 HILLVIEW ST STE 308
SARASOTA, FL 34236 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEPHEN C. CULP, MD

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WEST COAST PRACTICE MGMT. SERVICES, P.A.
Address: 1852 HILLVIEW ST STE 308
City-St-Zip: SARASOTA, FL 34236

Title: MGRM (X) Delete
Name: I. LISA CHMIELSKI P.A.
Address: 1852 HILLVIEW ST STE 308
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: CARDIOLOGY, YAMADA PA
Address: 1852 HILLVIEW ST STE 308
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: SCHREIBMAN, DAVID MD PL
Address: 1852 HILLVIEW ST STE 308
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: SCHWARTZ, HARDY J MD PL
Address: 1852 HILLVIEW STE 308
City-St-Zip: SARASOTA, FL 34236

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: SARASOTA CARDIOLOGY, PA
Address: 1852 HILLVIEW ST. SUITE 308
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEPHEN C. CULP, MD

MGR

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date