

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

04-28-2003 90997 003 ****50.00

DOCUMENT # L00000002059

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

Principal Place of Business: 1852 HILLVIEW ST, SUITE 308, SARASOTA, FL 34239
 Mailing Address: 1852 HILLVIEW ST, SUITE 308, SARASOTA, FL 34239

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country



CHECK HERE IF MAKING CHANGES

4. FEI Number: **65-0983923** Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DOERR, KENNETH D
 240 SOUTH PINEAPPLE AVE. 10TH FLOOR
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent
 Name: **Karla Adams**
 Street Address (P.O. Box Number Is Not Acceptable):
1852 Hillview St., Ste. 308
 City: **Sarasota** FL Zip Code: **34239**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **4/24/03**

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: ANDERSON , R. DAVID STREET ADDRESS: 1852 HILLVIEW ST SUITE 308 CITY-ST-ZIP: SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE: NAME: Anderson, R. David STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: MGR NAME: CULP, STEPHEN C STREET ADDRESS: 1852 HILLVIEW ST SUITE 308 CITY-ST-ZIP: SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 1852 Hillview St., Ste. 308 CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: MGR NAME: HENSON, KENNETH D STREET ADDRESS: 1852 HILLVIEW ST SUITE 308 CITY-ST-ZIP: SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: MGR NAME: Chmielewski, Lisa STREET ADDRESS: 1852 Hillview St., Ste. 308 CITY-ST-ZIP: Sarasota, FL 34239 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]* DATE: **4-24-03** DAYTIME PHONE #: **941-917-4250**

CR2E083 (10/02)