

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078168

FILED
Apr 13, 2009
Secretary of State

Entity Name: FLORIDA HEART RHYTHM INSTITUTE, P.L.

Current Principal Place of Business:

520 RIVIERA DRIVE
TAMPA, FL 33606

New Principal Place of Business:

5 TAMPA GENERAL CIRCLE
SUITE 830
TAMPA, FL 33606

Current Mailing Address:

520 RIVIERA DRIVE
TAMPA, FL 33606

New Mailing Address:

PO BOX 172598
TAMPA, FL 33672

FEI Number: 26-3172973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AEBEL, ERIN S ESQ
101 EAST KENNEDY BOULEVARD, STE 2800
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: VP () Change (X) Addition
Name: ILERCIL-HERWEG, ARZU M.D.
Address: 5 TAMPA GENERAL CIRCLE, SUITE 830
City-St-Zip: TAMPA, FL 33606

Title: PRES () Change (X) Addition
Name: HERWEG, BENGT M.D.
Address: 5 TAMPA GENERAL CIRCLE, SUITE 830
City-St-Zip: TAMPA, FL 33606

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: ARZU ILERCIL-HERWEG, MD

VP

04/13/2009

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