

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000021269

Entity Name: HEART CARE PLUS, LLC

**FILED**  
**Jun 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2733 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2733 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 27-2022147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FIGUEROA, JUAN A  
1428 BRICKELL AVENUE,  
SUITE 206  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

ARGUELLES, MARIA V  
2733 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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: MARIA V ARGUELLES

06/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DONATO J. ARGUELLES, MD, PA  
Address: 2733 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: DONATO J ARGUELLES

OWNE

06/10/2011

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