


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company FLORIDA HEART ASSOCIATES, P.L. 1390 ROYAL PALM SQUARE BOULEVARD FORT MYERS FL 33907 33919		DOCUMENT #L96000000941			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 09/05/1996	
Country		Country		3a. State of Formation FL	
33919		33919		4. FEI Number 65-0690931	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent ROSEN, JEFFREY H M.D. 1390 ROYAL PALM SQUARE BOULEVARD FORT MYERS FL 33907			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		
			500002127195--7 -03/28/97--01088--008 ****2127195****203.75 FL 33919		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	ZIEGLER, EDWARD C M.D.	1390 ROYAL PALM SQ BLVD		FT MYERS, FL 33919	
MEM	BUTLER, JAMES D.O.	1390 ROYAL PALM SQUARE BOU		FORT MYERS FL	
MEM	TRITEL, HARVEY M.D.	1390 ROYAL PALM SQ BLVD		FT MYERS, FL 33919	
MEM	CHARLES, NELSON L M.D.	1390 ROYAL PALM SQUARE BOU		FORT MYERS FL	
MEM	HON, HENRY H M.D.	1390 ROYAL PALM SQ BLVD		FT MYERS, FL 33919	
MEM	HAGGMAN, DALE L D.O.	1390 ROYAL PALM SQUARE BOU		FORT MYERS FL	
MEM	PRABAKARAN, BALA M.D.	1390 ROYAL PALM SQ BLVD		FT MYERS, FL 33919	
MEM	RUBIN, MICHAEL R M.D.	1390 ROYAL PALM SQ BLVD		FT MYERS, FL 33919	
MEM	SENSECUA, JAMES E M.D.	1390 ROYAL PALM SQ BLVD		FT MYERS, FL 33919	
MEM	PRIEST, STEVEN V M.D.	1390 ROYAL PALM SQ BLVD		FT MYERS, FL 33919	
MEM	KSHETRAPAL, SUBHASH M.D.	1390 ROYAL PALM SQ BLVD		FT MYERS, FL 33919	
MEM	SINGH, RAMPAL G M.D.	1390 ROYAL PALM SQ BLVD		FT MYERS, FL 33919	
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Edward C Ziegler</i>		3/24/97		941-936-1663	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	