File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR 21 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 188.75
Annual Report $100.00 + $88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000000941

FLORIDA HEART ASSOCIATES, P.L.
1390 ROYAL PALM SQUARE BOULEVARD
FORT MYERS FL 33907

1a. Principal Place of Business Address

1390 ROYAL PALM SQUARE BOULE
FORT MYERS FL 33907

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 09/05/1996
3a. State of Formation: FL
4. FEI Number: 65-0690931 ☐ Applied For ☐ Not Applicable
5. Date of Last Report: 03/27/1997
6. Certificate of Status Desired: SB 75 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/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

600002498936--4
-04/24/98--01010--017
****188.75 ****188.75

Suite, Apt. #, etc.

City: FL
Zip Code

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	BUTLER, JAMES D.O.	1390 ROYAL PALM SQUARE BOU	FORT MYERS FL
MEM	CHARLES, NELSON L M.D.	1390 ROYAL PALM SQUARE BOU	FORT MYERS FL
MEM	HAGGMAN, DALE L D.O.	1390 ROYAL PALM SQUARE BOU	FORT MYERS FL
MEM	ZIEGLER, EDWARD CMD	1390 ROYAL PALM SQ. BLVD.	FT. MYERS FL
MEM	TRITEL, HARVEY M.D.	1390 ROYAL PALM SQ. BLVD.	FT. MYERS FL
MEM	HON, HENRY H M.D.	1390 ROYAL PALM SQ. BLVD.	FT. MYERS FL

4/22/98

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: Rampaul Singh RAMPAUL SINGH 4/13/98 (941) 936-1663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

BLOCK 10 - ADDITIONAL INFORMATION

TITLE	MANAGING MEMBERS/MANAGERS	BUSINESS STREET ADDRESS	CITY, STATE, ZIP CODE
MEM	PRABAKARAN, BALA	1390 ROYAL PALM SQ BLVD	FT MYERS, FL 33919
MEM	RUBIN, MICHAEL	1390 ROYAL PALM SQ BLVD	FT MYERS, FL 33919
MEM	SENSECQUA, JAMES	1390 ROYAL PALM SQ BLVD	FT MYERS, FL 33919
MEM	PRIEST, STEVEN	1390 ROYAL PALM SQ BLVD	FT MYERS, FL 33919
MEM	KSHETRAPAL, SUBHASH	1390 ROYAL PALM SQ BLVD	FT MYERS, FL 33919
MEM	SINGH, RAMPAUL	1390 ROYAL PALM SQ BLVD	FT MYERS, FL 33919
MEM	LICCINI, PAUL	1390 ROYAL PALM SQ BLVD	FT MYERS, FL 33919