2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

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Entity Name: FLORIDA HEART ASSOCIATES, P.L.

Current Principal Place of Business:

1550 BARKLEY CIRCLE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1550 BARKLEY CIRCLE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0690931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSEN, JEFFREY H MD
1550 BARKLEY CIRCLE
FORT MYERS, FL 33907 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: MGR
Name: PRABARAKAN, BALA M.D.
Address: 1550 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

Title: MGR
Name: KSHETRAPAL, SUBHASH M.D.
Address: 1550 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

Title: MGR
Name: HON, HENRY H M.D.
Address: 1550 BARKLEY CIRCLE
City-St-Zip: FT. MYERS, FL 33907

Title: MGR
Name: ROSEN, JEFFREY MD
Address: 1550 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

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 Statues.

SIGNATURE: JEFFREY ROSEN MD MGR 02/16/2011

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