

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002059

FILED
Jan 17, 2024
Secretary of State
1470404022CC

Entity Name: HEART SPECIALISTS OF SARASOTA, P.L.

Current Principal Place of Business:

1950 ARLINGTON ST., STE 400
SARASOTA, FL 34239-3513

Current Mailing Address:

1950 ARLINGTON ST., STE 400
SARASOTA, FL 34239-3513 US

FEI Number: 65-0983923

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROSS STREET CORPORATE SERVICES, LLC
50 CENTRAL AVENUE,
8TH FLOOR,
SARASOTA, FL 34236 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MOLLOD, MICHAEL MD
Address 1950 ARLINGTON ST. STE. 400
City-State-Zip: SARASOTA FL 34239-3513

Title MGR
Name SCHREIBMAN, DAVID SMD
Address 1950 ARLINGTON ST. STE. 400
City-State-Zip: SARASOTA FL 34239-3513

Title MGRM
Name YAMADA, DAVID M
Address 1950 ARLINGTON ST., STE 400
City-State-Zip: SARASOTA FL 34239-3513

Title MGRM
Name AJITHAN, CHIPPY C
Address 1950 ARLINGTON ST., STE 400
City-State-Zip: SARASOTA FL 34239-3513

Title MGRM
Name CLASS, STEVEN J
Address 1950 ARLINGTON ST., STE 400
City-State-Zip: SARASOTA FL 34239-3513

Title MGR
Name ECKART, ROBERT E
Address 1950 ARLINGTON ST., STE 400
City-State-Zip: SARASOTA FL 34239-3513

Title MGR
Name BETENSKY, BRIAN P.
Address 1950 ARLINGTON ST., STE 400
City-State-Zip: SARASOTA FL 34239-3513

Title MANAGER
Name MOLLOY, DANIEL
Address 1950 ARLINGTON ST., STE 400
City-State-Zip: SARASOTA FL 34239-3513

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I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID SCHREIBMAN

MANAGING PARTNER

01/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER

Name BROWN, GARRETT

Address 1950 ARLINGTON ST., STE 400

City-State-Zip: SARASOTA FL 34239-3513