

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000002059

**FILED**  
**Jan 16, 2017**  
**Secretary of State**  
**CC1783662904**

**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  
200 SOUTH ORANGE AVENUE  
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 SCHWARTZ, HARDY J  
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 NALLURI, 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 MGRM  
Name HEPP, WALTER R  
Address 1950 ARLINGTON ST., STE. 400  
City-State-Zip: SARASOTA FL 34239

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

*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 S SCHREIBMAN

**MGR**

**01/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date