

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000013830

**Entity Name:** THE HEART CENTER LLC

**Current Principal Place of Business:**

61 MEMORIAL MEDICAL PKWY  
3816  
PALM COAST, FL 32164

**Current Mailing Address:**

355 OCEANSHORE BLVD  
ORMOND BEACH, FL 32176 US

**FEI Number:** 74-3048237

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARNOLD, MATHENY & EAGAN, P.A.  
801 N MAGNOLIA AVENUE, SUITE 201  
ORLANDO, FL 32802 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 P  
Name GONZALEZ, MELCHOR  
Address 355 OCEAN SHORE BLVD  
City-State-Zip: ORMOND BEACH FL 32176

*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:** MELCHOR GONZALEZ

**PRESIDENT**

**03/09/2016**

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

\_\_\_\_\_  
Date