

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L96000000941

**Entity Name:** FLORIDA HEART ASSOCIATES, P.L.**Current Principal Place of Business:**1550 BARKLEY CIRCLE  
FORT MYERS, FL 33907**Current Mailing Address:**1550 BARKLEY CIRCLE  
FORT MYERS, FL 33907**FEI Number:** 65-0690931**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSEN, JEFFREY HMD  
1550 BARKLEY CIRCLE  
FORT MYERS, FL 33907 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	Title	MGR
Name	HON, HENRY HM.D.	Name	ROSEN, JEFFREY MD
Address	1550 BARKLEY CIRCLE	Address	1550 BARKLEY CIRCLE
City-State-Zip:	FT. MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907
Title	MANAGER	Title	MANAGER
Name	PRIEST, STEVEN V MD	Name	AGARWAL, ANUJ DR.
Address	1550 BARKLEY CIRCLE	Address	1550 BARKLEY CIRCLE
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907
Title	MANAGER	Title	MANAGER
Name	BAILEY, DAVID DR.	Name	COSMAI, ELIZABETH DR.
Address	1550 BARKLEY CIRCLE	Address	1550 BARKLEY CIRCLE
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907
Title	MANAGER	Title	MANAGER
Name	HANLON, BRIAN DR.	Name	TOWE, KENNETH DR.
Address	1550 BARKLEY CIRCLE	Address	1550 BARKLEY CIRCLE
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907

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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:** ROSEN, JEFFREY MD**MANAGER****01/27/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           MEHTA, SHALIN DR.  
Address        1550 BARKLEY CIRCLE  
City-State-Zip: FORT MYERS FL 33907

Title           MANAGER  
Name           SOSA, SUALY DR.  
Address        1550 BARKLEY CIRCLE  
City-State-Zip: FORT MYERS FL 33907

Title           MANAGER  
Name           ALLEN, SCOTT  
Address        1550 BARKLEY CIRCLE  
City-State-Zip: FORT MYERS FL 33907

Title           MANAGER  
Name           GUERRERO, ISRAEL MANTILLA DR.  
Address        1550 BARKLEY CIRCLE  
City-State-Zip: FORT MYERS FL 33907

Title           MANAGER  
Name           ESCARCEGA, RICARDO ORLANDO DR.  
Address        1550 BARKLEY CIRCLE  
City-State-Zip: FORT MYERS FL 33907