

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L96000000941

**FILED  
Jan 17, 2013  
Secretary of State  
CC2256480469**

**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  
Name PRABARAKAN, BALA M.D.  
Address 1550 BARKLEY CIRCLE  
City-State-Zip: FORT MYERS FL 33907

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

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

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

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFREY ROSEN

**MANAGER**

**01/17/2013**

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

\_\_\_\_\_  
Date