

2016 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
Name	PRABARAKAN, BALA 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

Title	MANAGER
Name	PRIEST, STEVEN V 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY ROSEN**REGISTERED AGENT****03/01/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date