

2017 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

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

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

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

Title MANAGER
Name HANLON, BRIAN DR.
Address 1550 BARKLEY CIRCLE
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: JEFFREY ROSEN**REGISTERED AGENT****02/17/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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

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

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