

**2019 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 COSMAI, 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

MANAGER

03/27/2019

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           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

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

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