

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002059

FILED  
Jan 26, 2011  
Secretary of State

**Entity Name:** HEART SPECIALISTS OF SARASOTA, P.L.

**Current Principal Place of Business:**

1950 ARLINGTON ST., STE 400  
SARASOTA, FL 342393507

**New Principal Place of Business:**

1950 ARLINGTON ST., STE 400  
SARASOTA, FL 342393507 US

**Current Mailing Address:**

1950 ARLINGTON ST., STE 400  
SARASOTA, FL 342393507

**New Mailing Address:**

1950 ARLINGTON ST., STE 400  
SARASOTA, FL 342393507 US

**FEI Number:** 65-0983923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CULP, STEPHEN C MD  
1852 HILLVIEW ST STE 308  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

CROSS STREET CORPORATE SERVICES, LLC  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 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:** DAVID S SCHREIBMAN

01/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MOLLOD, MICHAEL MD  
**Address:** 1950 ARLINGTON ST. STE. 400  
**City-St-Zip:** SARASOTA, FL 342393507 US

**Title:** MGR  
**Name:** SCHREIBMAN, DAVID S MD  
**Address:** 1950 ARLINGTON ST. STE. 400  
**City-St-Zip:** SARASOTA, FL 342393507 US

I hereby certify that the information indicated on this 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.

**SIGNATURE:** DAVID S SCHREIBMAN

MGR

01/26/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date