

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002059

FILED  
Jan 04, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1950 ARLINGTON ST., STE 400  
SARASOTA, FL 342393513 US

**Current Mailing Address:**

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

**New Mailing Address:**

1950 ARLINGTON ST., STE 400  
SARASOTA, FL 342393513 US

**FEI Number:** 65-0983923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROSS STREET CORPORATE SERVICES, LLC  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MOLLOD, MICHAEL MD  
Address: 1950 ARLINGTON ST. STE. 400  
City-St-Zip: SARASOTA, FL 342393513 US

Title: MGR  
Name: SCHREIBMAN, DAVID S MD  
Address: 1950 ARLINGTON ST. STE. 400  
City-St-Zip: SARASOTA, FL 342393513 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

01/04/2012

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