

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000009042

1. Entity Name
HEART CENTER OF THE TREASURE COAST, LLC



Principal Place of Business Mailing Address

**330 17TH STREET
SUITE E
VERO BEACH, FL 32960**

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SUITE E
VERO BEACH, FL 32960**

DO NOT WRITE IN THIS SPACE



04282005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
65-1077388 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAMBRON, CYNTHIA L
3355 OCEAN DRIVE
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**000000346730
04/30/05-80088-007 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARJIETH, ZIAD MD 2100 NEBRASKA AVE., STE 105 FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NIAZI, KHUSROW MD 2215 NEBRASKA AVE., STE 2E FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ **4/28/05** **772 562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #