

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 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 330 17TH STREET
 SUITE E SUITE E
 VERO BEACH, FL 32960 VERO BEACH, FL 32960



03212006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1077388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAMBRON, CYNTHIA L
 3355 OCEAN DRIVE
 VERO BEACH, FL 32963

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: _____ Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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