

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000009042

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



Principal Place of Business
**330 17TH STREET
SUITE E
VERO BEACH, FL 32960**

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

DO NOT WRITE IN THIS SPACE



02092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1077388

Applied For
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000746060
05/16/07-80054-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ZIAD MARJIETH, MD

4/26/07

**772-562-
6161**