

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90757 005 ****50.00

DOCUMENT # L00000009042

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



Principal Place of Business

**2215 NEBRASKA AVENUE, SUITE 2E
FT PIERCE FL 34950**

Mailing Address

**2215 NEBRASKA AVENUE, SUITE 2E
FT PIERCE FL 34950**

2. Principal Place of Business

330 17th Street

3. Mailing Address

330 17th St

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Suite E

City & State

Vero Beach FL

City & State

Vero Beach FL

Zip

32960

Country

USA

Zip

32960

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARJIETH, ZIAD MD
2100 NEBRASKA AVE., STE 105
FT PIERCE FL 34950** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NIAZI, KHUSROW MD
2215 NEBRASKA AVE., STE 2E
FT PIERCE FL 34950** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

SIGNATURE REQUIRED

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

Date

Daytime Phone #

**772
4-29-03 562-6161**

CR2E083 (10/02)