2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000013072

1. Entity Name
FLORIDA HEART AND VASCULAR ASSOCIATES, P.L.

Principal Place of Business	Mailing Address
3450 E. FLETCHER AVE. SUITE 110 TAMPA, FL 33613	3450 E. FLETCHER AVE. SUITE 110 TAMPA, FL 33613

DO NOT WRITE IN THIS SPACE

03232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3680877
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AYLWARD, ROBERT E
600 S. MAGNOLIA AVE., STE. 100
TAMPA, FL 33606

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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, 2004

U00000108312
04/09/04-80051-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KLEIN, KEVIN L D.O.P.A
STREET ADDRESS	3450 FLETCHER AVENUE, SUITE 110
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	MGRM
NAME	SMITH, JAMES O M.D.P.A
STREET ADDRESS	3450 FLETCHER AVENUE, SUITE 110
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	MGRM
NAME	PASCUAL, EDUARDO E M.D.P.A
STREET ADDRESS	13606 WATERFALL WAY
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/2/04 813.971.2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

KEVIN KLEIN