

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013072

FILED
Feb 03, 2005
Secretary of State

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

Current Principal Place of Business:

3450 E. FLETCHER AVE.
SUITE 110
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

3450 E. FLETCHER AVE.
SUITE 110
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-3680877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KLEIN, KEVIN L D.O.P.A
Address: 3450 FLETCHER AVENUE, SUITE 110
City-St-Zip: TAMPA, FL 33613

Title: MGRM () Delete
Name: SMITH, JAMES O M.D.P.A
Address: 3450 FLETCHER AVENUE, SUITE 110
City-St-Zip: TAMPA, FL 33613

Title: MGRM () Delete
Name: PASCUAL, EDUARDO E M.D.P.A
Address: 13606 WATERFALL WAY
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KEVIN L. KLEIN

P

02/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date