

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000013072

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



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE



02132006 No Chg-LLC

CR2E083 (11/05)

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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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, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KLEIN, KEVIN L D.O.P.A
3450 FLETCHER AVENUE, SUITE 110
TAMPA, FL 33613**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SMITH, JAMES O M.D.P.A
3450 FLETCHER AVENUE, SUITE 110
TAMPA, FL 33613**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PASCUAL, EDUARDO E M.D.P.A
13606 WATERFALL WAY
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000451492
11/10/06-80056-002 50.00

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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 () _____

2/25/06 8135712424