2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# L00000013072

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/MANAGERS:

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 exemption stated in Chapter 119, 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 MGRM 01/21/2008

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