2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007
Secretary of State

DOCUMENT# L01000005785

Entity Name: SARASOTA HEART CENTER, PL

Current Principal Place of Business:

1921 WALDEMERE ST
#512
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1921 WALDEMERE ST
#512
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-1094934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HEPP, WALTER R
1522 HILLVIEW DRIVE
SARASOTA, FL 34239 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: WALTER HEPP, MD, PL,
Address: 1921 WALDEMERE ST #512
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Delete
Name: MICHAEL MOLLOD MD, P, L
Address: 1921 WALDEMERE ST #512
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Delete
Name: MARTIN FREY MD, PL,
Address: 1921 WALDEMERE ST #512
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Delete
Name: STEVEN CLASS MD, PL,
Address: 1921 WALDEMERE ST #512
City-St-Zip: SARASOTA, FL 34239

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

Title: MGRM ( ) Change (X) Addition
Name: SYDNEY W. KING MD,, PL
Address: 1921 WALDEMERE ST #512
City-St-Zip: SARASOTA, FL 34239

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: MARTIN J. FREY MGRM 07/23/2007

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