

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005785

FILED
Apr 21, 2008
Secretary of State

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 ()

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

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: () 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: WALTER HEPP, MD

MGRM

04/21/2008

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