2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2009
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 ( )**

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: MICHAEL MOLLOD, MD MGR 03/27/2009

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