

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005785

FILED
Apr 18, 2010
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
Name: WALTER HEPP, MD, PL
Address: 1921 WALDEMERE ST #512
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: MICHAEL MOLLOD MD, PL
Address: 1921 WALDEMERE ST #512
City-St-Zip: SARASOTA, FL 34239

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

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

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

I hereby 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

MGR

04/18/2010

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