


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000006074 1. Entity Name HEART AND VASCULAR CONSULTANTS, P.L.C.	
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Principal Place of Business 4738 GRAND BLVD SUITE E NEW PORT RICHEY, FL 34552-5170	Mailing Address 4738 GRAND BLVD SUITE E NEW PORT RICHEY, FL 34552-5170
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DO NOT WRITE IN THIS SPACE



04222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1093345	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ. 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

U000000737907
05/11/07-80043-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AGARWAL, SUDHIR MD 4738 GRAND BLVD SUITE E NEW PORT RICHEY, FL 346525170
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  SUDHIR AGARWAL MD	4/27/07 Date	Daytime Phone # _____
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