

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90017 006 ***138.75

DOCUMENT # L01000006074

1. Entity Name
HEART AND VASCULAR CONSULTANTS, P.L.C.



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

2. Principal Place of Business - No P.O. Box #
3543 LITTLE ROAD

Suite, Apt. #, etc.

3. Mailing Address
3543 LITTLE ROAD

Suite, Apt. #, etc.



04202008 Chg-LLC CR2E083 (12/06)

City & State
NEW PORT RICHEY, FL

City & State
NEW PORT RICHEY, FL

4. FEI Number
65-1093345

Applied For
Not Applicable

Zip
34655

Country
USA

Zip
34655

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME AGARWAL, SUDHIR MD
STREET ADDRESS 4738 GRAND BLVD SUITE E
CITY-ST-ZIP NEW PORT RICHEY, FL 346525170

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 3543 LITTLE ROAD
CITY-ST-ZIP NEW PORT RICHEY, FLORIDA 34655

☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SUDHIR AGARWAL, MD

4/30/08 727 848-6400