2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# L02000012757

Entity Name: ADVANCED HEART CENTER, L.L.C.

Current Principal Place of Business:

14051 METROPOLIS AVENUE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

14051 METROPOLIS AVENUE
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 04-3685834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITAR, GEORGE J III
1533 HENDRY STREET
SUITE 100
FORT MYERS, FL 33901 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: MGR ( ) Delete
Name: BUTLER, JAMES F
Address: 12 FALCONWOOD COURT
City-St-Zip: FORT MYERS, FL 33919

Title: MGR ( ) Delete
Name: ARCEMENT, BRIAN K
Address: 14051 METROPOLIS AVENUE
City-St-Zip: FORT MYERS, FL 33912

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MBR (X) Change ( ) Addition
Name: ARCEMENT, BRIAN K
Address: 14051 METROPOLIS AVENUE
City-St-Zip: FORT MYERS, FL 33912

Title: MBR ( ) Change (X) Addition
Name: ILIC, VLADIMIR
Address: 14051 METROPOLIS AVENUE
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES F. BUTLER MGR 01/13/2006

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