2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008
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:	MGRM	( ) 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:	MGR	( ) Delete
Name:	ILIC, VLADIMIR	
Address:	14051 METROPOLIS AVENUE	
City-St-Zip:	FORT MYERS, FL 33912	

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:	

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: JAMES F. BUTLER MGRM 03/20/2008

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