


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000013830 1. Entity Name THE HEART CENTER LLC	
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Principal Place of Business 61 MEMORIAL MEDICAL PKWY 3816 PALM COAST, FL 32164	Mailing Address 9 KINGSGATE COURT ORMOND BEACH, FL 32174
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 74-3048237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ARNOLD, MATHENY & EAGAN, P.A. 801 N MAGNOLIA AVENUE, SUITE 201 ORLANDO, FL 32802

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GONZALEZ, MELCHOR 9 KINGSGATE CT ORMOND BEACH, FL 32174
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

7/6/04 7/6/04