2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000013830

1. Entity Name
THE HEART CENTER LLC

Principal Place of Business	Mailing Address
61 MEMORIAL MEDICAL PKWY 3816 PALM COAST, FL 32164	9 KINGSGATE COURT ORMOND BEACH, FL 32174

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01142005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
74-3048237	Not Applicable

5. Certificate of Status Desired ☑ **$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

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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)

IID0000018213 4
01/19/05-80016-002 55.00

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	GONZALEZ, MELCHOR
STREET ADDRESS	9 KINGSGATE CT
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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: _Melchor E Gonzalez_   1/14/05   386-586-1720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #