

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000013832**

1. Entity Name  
**SOUTH FLORIDA HEART CENTER, P.L.**



Principal Place of Business

**1150 N. 35TH AVENUE  
#440  
HOLLYWOOD, FL 33021**

Mailing Address

**1150 N. 35TH AVENUE  
#440  
HOLLYWOOD, FL 33021**

**DO NOT WRITE IN THIS SPACE**



03292006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**04-3692217**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.  
ONE SE THIRD AVENUE, 27TH FLOOR  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 one if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ROSENBLOOM, MICHAEL MD  
1150 N. 35TH AVE., STE. #440  
HOLLYWOOD, FL 33021**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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1100000435335  
11/4/21/06-80006-007 55.00

**DO NOT WRITE  
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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:** \_\_\_\_\_

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

Date

Daytime Phone

*Michael Rosenbloom* **Michael Rosenbloom** 3/3/06 954-962-5400