


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L02000013832 1. Entity Name SOUTH FLORIDA HEART CENTER, P.L. |  |
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| Principal Place of Business 1150 N. 35TH AVENUE #440 HOLLYWOOD, FL 33021 | Mailing Address 1150 N. 35TH AVENUE #440 HOLLYWOOD, FL 33021 |
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 04-3692217 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVENUE, 27TH FLOOR MIAMI, FL 33131 |
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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 reconstituting) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROSENBLOOM, MICHAEL MD 1150 N. 35TH AVE., STE. #440 HOLLYWOOD, FL 33021 |
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04/03/07-80069-011 55.00

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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: Michael Rosenbloom Michael Rosenbloom MD 3/14/07 954-962-5400

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