

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016228

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: ADVANCED HEART CARE, L.L.C.

## Current Principal Place of Business:

14051 METROPOLIS AVENUE  
FT. MYERS, FL 33912

## New Principal Place of Business:

## Current Mailing Address:

14051 METROPOLIS AVENUE  
FT. MYERS, FL 33912

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MITAR, GEORGE J III  
1533 HENDRY STREET  
SUITE 100  
FT. 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: MGR ( ) Delete  
Name: ARCEMENT, BRIAN K  
Address: 14051 METROPOLIS AVENUE  
City-St-Zip: FT. MYERS, FL 33912

Title: MGR ( ) Delete  
Name: BUTLER, JAMES F  
Address: 14051 METROPOLIS AVENUE  
City-St-Zip: FT. MYERS, FL 33912

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: ILIC, VLADIMIR  
Address: 14051 METROPOLIS AVENUE  
City-St-Zip: FT. MYERS, FL 33912

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: BRIAN K. ARCEMENT

MGR

03/20/2008

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