

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000031177

1. Entity Name
THE HEART CENTER, LLC



Principal Place of Business
5628 MAIN STREET
NEW PORT RICHEY, FL 34652

Mailing Address
5628 MAIN STREET
NEW PORT RICHEY, FL 34652



04212006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0232234	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

ALTMAN, ROBERT N
5628 MAIN STREET
NEW PORT RICHEY, FL 34652

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHALAVARYA, GOPAL DR. 4738 GRAND BOULEVARD, SUITE E NEW PORT RICHEY, FL 34652
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AGARWAL, SUDHIR DR. 4738 GRAND BOULEVARD, SUITE E NEW PORT RICHEY, FL 34652
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05/19/06-80053-004 50.00

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IN THIS SPACE**

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:

GOPAL CHALAVARYA
SIGNATURE AND PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #