


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000031177</b> 1. Entity Name THE HEART CENTER, LLC	
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Principal Place of Business 5628 MAIN STREET NEW PORT RICHEY, FL 34652	Mailing Address 5628 MAIN STREET NEW PORT RICHEY, FL 34652
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**DO NOT WRITE IN THIS SPACE**



04222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 30-0232234	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ALTMAN, ROBERT N 5628 MAIN STREET NEW PORT RICHEY, FL 34652
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**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

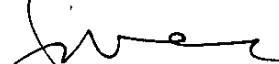
**Filing Fee is \$50.00  
Due by May 1, 2007**

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
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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U000000745343  
05/16/07-80025-009 50.00

**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:  4/28/07  
SIGNATURE AND TITLE OF LIMITED LIABILITY COMPANY MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #