

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051639

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: GULF BREEZE HEART CENTER, LLC

**Current Principal Place of Business:**

1118 GULF BREEZE PKWY  
STE 102  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

1717 NORTH "E" ST, STE 331  
PENSACOLA, FL 325016376

**New Mailing Address:**

1717 NORTH  
SUITE 331  
PENSACOLA, FL 325016376

FEI Number: 80-0084484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RADOSZEWSKI, ANDREW  
1717 NORTH "E" ST, STE 331  
PENSACOLA, FL 325016376 US

**Name and Address of New Registered Agent:**

RADOSZEWSKI, ANDREW  
1717 NORTH  
SUITE 331  
PENSACOLA, FL 325016376 US

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: ANDREW RADOSZEWSKI

04/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FLEISCHHAUER, F. JAMES MD  
Address: 1717 NORTH  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: F. JAMES FLEISCHHAUER, MD

MGR

04/17/2007

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