

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000051639 1. Entity Name GULF BREEZE HEART CENTER, LLC	
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Principal Place of Business 1118 GULF BREEZE PKWY STE 102 GULF BREEZE, FL 32561	Mailing Address 1717 NORTH SUITE 331 PENSACOLA, FL 32501-6376
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01242008No Chg-LLC

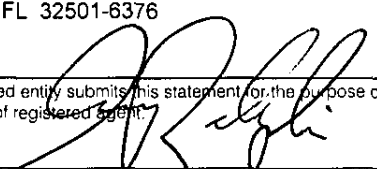
CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0084484	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RADOSZEWSKI, ANDREW 1717 NORTH SUITE 331 PENSACOLA, FL 32501-6376

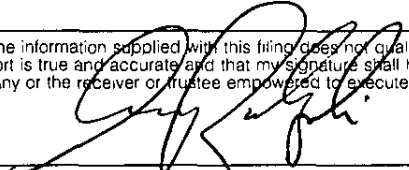
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)	DATE <u>2/12/2008</u>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U000000829142 02/26/08-80027-017 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLEISCHHAUER, F. JAMES MD 1717 NORTH "E" ST STE 331 PENSACOLA, FL 32501
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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: 	DATE <u>2/12/2008</u> DAYTIME PHONE # <u>8504441743</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	