2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # L04000083555

1. Entity Name
AJC HEART PROPERTIES, LLC

Principal Place of Business	Mailing Address
12953 PALMS WEST DRIVE SUITE 102 LOXAHATCHEE, FL 33470	12953 PALMS WEST DRIVE SUITE 102 LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE

03022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2560343
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BYRD, BARRY B
7108 FAIRWAY DRIVE
SUITE 225
PALM BEACH GARDENS, FL 33418

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VEDERE, AMARNATH
STREET ADDRESS	12953 PALMS WEST DRIVE SUITE 102
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	MGRM
NAME	VENUGOPAL, CHANDRA
STREET ADDRESS	12953 PALMS WEST DRIVE SUITE 102
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	MGRM
NAME	FOUCAULD, JEAN
STREET ADDRESS	12953 PALMS WEST DRIVE SUITE 102
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/07-80010-010 50.00

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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.

Chandra Venugopal, MD

SIGNATURE: _____ 4/5/07 561-793-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #