2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L05000051714

Entity Name: COLLIER HEART GROUP, PLLC

Current Principal Place of Business:

311 9TH STREET NORTH
SUITE 304
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

311 9TH STREET NORTH
SUITE 304
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 20-2901023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: AXLINE, DAVID R M.D.
Address: 311 9TH STREET NORTH, SUITE 304
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM ( ) Delete
Name: SANTOS-OCAMPO, CARLO D M.D.
Address: 311 9TH STREET NORTH, SUITE 304
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM ( ) Delete
Name: SPILKER, HERMAN L M.D.
Address: 311 9TH STREET NORTH, SUITE 304
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVID R AXLINE MD MGRM 04/21/2009

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