

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000058778

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** PREMIER HEART AND VASCULAR CENTER, P.L.C.

**Current Principal Place of Business:**

38035 MEDICAL CENTER AVENUE  
ZEPHYRHILLS, FL 33540

**New Principal Place of Business:**

**Current Mailing Address:**

27249 FORDHAM DRIVE  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

P O BOX 2709  
ZEPHYRHILLS, FL 33539

**FEI Number:** 20-3842362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GASSMAN, ALAN  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 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  
Name: GUPTA, SUNIL MD  
Address: 27249 FORDHAM DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544 US

I hereby 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: SUNIL GUPTA

MGRM

04/24/2010

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