

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90023 009 \*\*\*\*50.00

**DOCUMENT # L05000069220**

1. Entity Name  
**THE HEART GROUP, P.L.**



Principal Place of Business  
**8540 COLLEGE PARKWAY  
FORT MYERS, FL 33919**

Mailing Address  
**8540 COLLEGE PARKWAY  
FORT MYERS, FL 33919**



2. Principal Place of Business - No P.O. Box # <b>9800 So HEALTHPARK DR</b>		3. Mailing Address <b>9800 So HEALTHPARK DR</b>	
Suite, Apt. #, etc. <b>SUITE 320</b>		Suite, Apt. #, etc. <b>SUITE 320</b>	
City & State <b>FT MYERS FL</b>		City & State <b>FT MYERS FL</b>	
Zip <b>33908</b>	Country <b>USA</b>	Zip <b>33908</b>	Country <b>USA</b>

03082007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-3155511** **20-3144511** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WHITESMAN, GUY E  
1715 MONROE STREET  
FORT MYERS, FL 33901**

**7. Name and Address of New Registered Agent**

Name **RICHARD A. CHAZAL**

Street Address (P.O. Box Number is Not Acceptable)  
**9800 So HEALTHPARK DR**

**SUITE 320**

City **FT MYERS**

**FL**

Zip Code **33908**

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 **[Signature]**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/9/07**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAZAL, MD, RICHARD A 8540 COLLEGE PKWY FORT MYERS, FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANZIG, MD, MICHAEL D 8540 COLLEGE PKWY. FORT MYERS, FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURTON, MD, M. ERICK 8540 COLLEGE PKWY. FORT MYERS, FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORBELLIN, MD, MICHAEL A 8540 COLLEGE PKWY FORT MYERS, FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9800 So HEALTHPARK DR, SUITE 320 FT MYERS, FL 33908</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9800 So HEALTHPARK DR SUITE 320 FT MYERS FL 33908</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9800 So HEALTHPARK DR SUITE 320 FT MYERS FL 33908</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9800 So HEALTHPARK DR SUITE 320 FT MYERS FL 33908</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

**[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/9/07**

Date

**239-433-8866**

Daytime Phone #



ATTACHMENT

COPY x

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

104811

~~We assigned you a tax classification (S-Corporation, Partnership, etc.) based on~~  
information obtained from you or your representative. It is not a legal determination  
of your tax classification, and is not binding on the IRS. If you want a determination  
of your tax classification, you may seek a private letter ruling from the IRS under  
the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding  
revenue procedure for the year at issue.)

# ATTACHMENT

60032318  
# L05000069220

Tax ID #  
entered incorrectly  
on the 2006  
report.