2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000069220 1. Entity Name THE HEART GROUP, P.L.					04-05-2007 9	90023 009 ****5	50.00
Principal Place of Business Mailing Address 8540 COLLEGE PARKWAY 8540 COLLEGE PARKWA			.Y				
FORT MYERS, FL 33919 FORT MYERS, FL 3391							
Principal Place of Business - No P.O. Box # 3. Mailing Address //			,				
9800	SO HEALTHPARK DR	9800 So A	9800 So HEALTHPARK OR Suite, Apt. #, etc.		08 5 6 1 08 4 66 4 88 4 6	BŞIN MILÎN KANÎN INDÎN ÎLBÎN ANI	BB 1881
Suite, Apt. #, etc. SUITE 320		SUITE 320		03082007	Chg-LLC	CR2E083 (12/06)	
City & Stat	MYERS FL	City & State Fr MYERS	FL	4. FEI Numb	5 5511 - 20 - 3	11/1/5°1/	plied For t Applicable
Zip 33	908 Country U.S.A.	^{Zip} 33908	Country USA	5. Certificate	of Status Desired	S5.00 Add Fee Required	
	6. Name and Address of Current R	legistered Agent		7. Name an	d Address of New Reg		
WHITESMAN, GUY E .				Name RICHARD A. CHAZAL			
1715 MONROE STREET FORT MYERS, FL 33901			Strey &	Stree Address (P.O. Box Number is Not Acceptable) 1000 50 HEALTHPARK DR			
1 ON MILIO, 12 00001			50	SVITE 320			
			City Z	T MYER		FL 399	08
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or i	registered agent, or be	oth, in the State of Floric	da. I am familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or pressed harrie or registered agent ar	Id title is applicable. (NOTE.	negistereti Ağent siğirizitin	a required when reinstating)		DAIE	
Fi Di	iling Fee is \$50.00 ue by May 1, 2007					check payable to Department of State	,
9.	ue by May 1, 2007 MANAGING MEMBER	<u> </u>	10.			Department of State	
9.	MANAGING MEMBER	S/MANAGERS	TITLE		Florida D	Department of State	Addition
9.	ue by May 1, 2007 MANAGING MEMBER	<u> </u>	TITLE NAME	9800 So 1	Florida D	HANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR CHAZAL, MD, RICHARD A 8540 COLLEGE PKWY FORT MYERS, FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9800 So 1 FT MYER	Florida D	Department of State HANGES □ Change C カル, Suit	☐ Addition
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR CHAZAL, MD, RICHARD A 8540 COLLEGE PKWY FORT MYERS, FL 33919 MGR DANZIG, MD, MICHAEL D 8540 COLLEGE PKWY FORT MYERS, FL 33919	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9800 So	ADDITIONS/CI	Pepartment of State HANGES Change CDR, SUIT 3908 Change Change	Addition FE 320 Addition TE 320
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IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE

P.O. BOX 9003 HOLTSVILLE NY

11742-9003

60032318

Date of this notice: 07-27-2005

Employer Identification Number:

004811.191018.0021.001 2 MB 0.534 1162

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Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:

1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

104811

HEART GROUP PL BURTON M ERICK GEN PTR 8540 COLLEGE PKWY FORT MYERS FL 33919

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 20-3144511. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 941 Form 1065 Form 940 10/31/2005 04/15/2006 01/31/2006

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at www.irs.gov.

whe assigned you a tax classification (5 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. #L0500069220

Jay ID #
entered incorrectly
from 2006
report.