

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069220

Entity Name: THE HEART GROUP, P.L.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

9800 S HEALTHPARK DR
STE 320
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

9800 S HEALTHPARK DR
STE 320
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-3144511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAZAL, RICHARD A
9800 S HEALTHPARK DR
STE 320
FORT MYERS, FL 33908 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: MGR () Delete
Name: CHAZAL,MD, RICHARD A
Address: 9800 S HEALTHPARK DR STE 320
City-St-Zip: FORT MYERS, FL 33908

Title: MGR () Delete
Name: DANZIG,MD, MICHAEL D
Address: 9800 S HEALTHPARK DR STE 320
City-St-Zip: FORT MYERS, FL 33908

Title: MGR () Delete
Name: BURTON,MD, M. ERICK
Address: 9800 S HEALTHPARK DR STE 320
City-St-Zip: FORT MYERS, FL 33908

Title: MGR () Delete
Name: CORBELLIN,MD, MICHAEL A
Address: 9800 S HEALTHPARK DR STE 320
City-St-Zip: FORT MYERS, FL 33908

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:

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: MICHAEL D. DANZIG, MD

MGR

01/20/2009

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