

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065145

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: FLORIDA HEART, LUNG & TRANSPLANT SURGERY, P.L.

**Current Principal Place of Business:**

SUITE 210, HARBORSIDE MEDICAL TOWER  
4 COLUMBIA DRIVE  
TAMPA, FL 33606

**New Principal Place of Business:**

SUITE 870, HARBORSIDE MEDICAL TOWER  
4 COLUMBIA DRIVE  
TAMPA, FL 33606

**Current Mailing Address:**

SUITE 210, HARBORSIDE MEDICAL TOWER  
4 COLUMBIA DRIVE  
TAMPA, FL 33606

**New Mailing Address:**

3415 W. TAMBAY AVE  
TAMPA, FL 33611 US

FEI Number: 20-5121001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

AEBEL, ERIN SMITH ESQ  
SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BOULEVARD SUITE 2800  
TAMPA, FL 33602 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: SHEFFIELD, CEDRIC D M.D.  
Address: SUITE 210, HARBORSIDE MEDICAL TOWER  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHEFFIELD, CEDRIC D M.D.  
Address: 3415 W. TAMBAY AVE  
City-St-Zip: TAMPA, FL 33611 US

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: CEDRIC SHEFFIELD

DR

04/28/2008

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