

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000070515

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** PALM BEACH HEART RESEARCH INSTITUTE, LLC

**Current Principal Place of Business:**

5503 SOUTH CONGRESS AVE.,  
#206  
ATLANTIS, FL 33462

**New Principal Place of Business:**

5503 SOUTH CONGRESS AVE.,  
102  
ATLANTIS, FL 33462

**Current Mailing Address:**

5503 SOUTH CONGRESS AVE.,  
#206  
ATLANTIS, FL 33462

**New Mailing Address:**

5503 SOUTH CONGRESS AVE.,  
102  
ATLANTIS, FL 33462

**FEI Number:** 26-0672311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GERSON, GARY N  
1645 PALM BEACH LAKES BLVD. SUITE 1200  
WEST PALM BEACH, FL 33401 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: P  
Name: KIEVAL, JOSHUA MD  
Address: 5503 S CONGRESS AVE 102  
City-St-Zip: LAKE WORTH, FL 33462

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: JOSHUA KIEVAL

PRES

03/09/2011

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