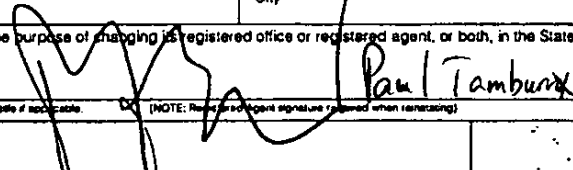
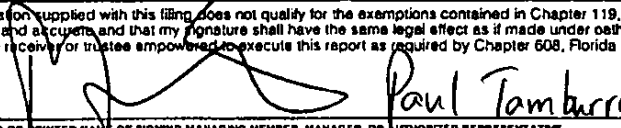


FILED
Jun 09, 2008 8:00 am
Secretary of State

04-25-2008 90028 005 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

30009020

DOCUMENT # L07000125897			
1. Entity Name NORTHWEST FLORIDA HEART GROUP MANAGEMENT SERVICES, LLC			
Principal Place of Business 8333 NORTH DAVIS HIGHWAY, 4TH FLOOR PENSACOLA-FL 32514		Mailing Address PO BOX 11339 PENSACOLA, FL 32524	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8333 N DAVIS HWY, 4th FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PENSACOLA, FL	
Zip	Country	Zip	Country
32514	USA	32514	USA
6. Name and Address of Current Registered Agent MILES, DAVID 8333 NORTH DAVIS HIGHWAY, 4TH FLOOR PENSACOLA, FL 32514		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  Paul Tamburro 3/8/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when registering)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition
		Member Manager PAUL TAMBURRO 8333 N DAVIS HWY, 4th FL PENSACOLA, FL 32514	
		Member Manager DAVID MILES 8333 N DAVIS HWY, 4th FL PENSACOLA, FL 32514	
		Member Manager JOSE GUTIERAN 8333 N. DAVIS HWY, 4th FL PENSACOLA, FL 32514	
		Member Manager DAN PHELIPS 8333 N DAVIS HWY, 4th FL PENSACOLA, FL 32514	
		Member Manager MARCELO BRANCO 8333 N DAVIS HWY, 4th FL PENSACOLA, FL 32514	
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:  Paul Tamburro x 3/8/08 Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			