## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049597

Entity Name: ADVANCED HEART GROUP, P.L.

FILED Jan 09, 2009 Secretary of State

US

**Current Principal Place of Business: New Principal Place of Business:** 

873 STERTHAUS AVENUE, SUITE 305 ORMOND BEACH, FL 32174

**Current Mailing Address: New Mailing Address:** 

873 STERTHAUS AVENUE, SUITE 305 P.O. BOX 731138

ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32173

FEI Number: 26-2643937 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DEC CONSULTANTS, INC. OSULLIVAN, KAREN M **BRIDGEWATER** 3506 SO ATLANTIC AVENUE 1515 INDIAN RIVER BLVD., SUITE A 210 DAYTONA BEACH, FL 32118 VERO BEACH, FL 329607103 US

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: KAREN OSULLIVAN 01/09/2009

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: ( ) Change (X) Addition

CROSSMAN, ARTHUR Name: Name:

Address: Address: 873 STERTHAUS AVENUE, SUITE 305 ORMOND BEACH, FL 32174

City-St-Zip: City-St-Zip:

Title: Title: MGR ( ) Change (X) Addition ( ) Delete

Name: Name: SHAMSIN, AHMAD Address: Address:

873 STERTHAUS AVENUE, SUITE 301 City-St-Zip: City-St-Zip: ORMOND BEACH, FL 32174

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: AHMAD SHAMSIN 01/09/2009