

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000078168

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA HEART RHYTHM INSTITUTE, P.L.

**Current Principal Place of Business:**

5 TAMPA GENERAL CIRCLE  
SUITE 830  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 172598  
TAMPA, FL 33672

**New Mailing Address:**

**FEI Number:** 26-3172973

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AEBEL, ERIN S ESQ  
101 EAST KENNEDY BOULEVARD, STE 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: VP  
Name: ILERCIL-HERWEG, ARZU M.D.  
Address: 5 TAMPA GENERAL CIRCLE, SUITE 830  
City-St-Zip: TAMPA, FL 33606

Title: PRES  
Name: HERWEG, BENGT M.D.  
Address: 5 TAMPA GENERAL CIRCLE, SUITE 830  
City-St-Zip: TAMPA, FL 33606

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: ARZU ILERCIL, MD

VP

03/16/2011

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