

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000113170

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** FLORIDA HEART AND HEALTH, LLC

**Current Principal Place of Business:**

21097 NORTHEAST 27TH COURT  
SUITE 330  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

21097 NORTHEAST 27TH COURT  
SUITE 330  
AVENTURA, FL 33180

**New Mailing Address:**

C/O MARC H. AUERBACH, ESQ.  
200 S BISCAYNE BLVD, SUITE 3900  
MIAMI, FL 33131

**FEI Number:** 27-3813887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOFFER, ARIEL D DR.  
21097 NORTHEAST 27TH COURT  
SUITE 330  
AVENTURA, FL 33180 US

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

AUERBACH, MARC H ESQ  
200 S BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131 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: MARC H. AUERBACH

04/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SOFFER ENTERPRISES, LP  
Address: 21097 NORTHEAST 27TH COURT, SUITE 330  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR  
Name: SOFFER, ARIEL MD  
Address: 21097 N.E. 27TH COURT, SUITE 330  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: JONES, ANITA MD  
Address: 21097 N.E. 27TH COURT, SUITE 400  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: ACKERMAN, ALAN DO  
Address: 21097 N.E. 27TH COURT, SUITE 580  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: GORIN, ENRIQUE MD  
Address: 21097 N.E. 27TH COURT, SUITE 206  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: SPIVACK, ERIC MD  
Address: 21097 N.E. 27TH COURT, SUITE 208  
City-St-Zip: AVENTURA, FL 33180

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: ARIEL SOFFER, M.D.

MGR

04/18/2011

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