

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000113170

FILED
Apr 27, 2012
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:

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

New Mailing Address:

FEI Number: 27-3813887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

04/27/2012

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