

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000036714

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** MY HEART MD, LLC

**Current Principal Place of Business:**

450 W CENTRAL PKWY  
ALTAMONTE SPG, FL 32714 US

**New Principal Place of Business:**

3275 TALA LOOP CIRCLE  
LONGWOOD, FL 32779 US

**Current Mailing Address:**

450 W CENTRAL PKWY  
ALTAMONTE SPG, FL 32714 US

**New Mailing Address:**

3275 TALA LOOP CIRCLE  
LONGWOOD, FL 32779 US

**FEI Number:** 45-0999854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KIAN ACQUISITIONS, LLC  
450 W CENTRAL PKWY  
ALTAMONTE SPG, FL 32714 US

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

KIAN ACQUISITIONS, LLC  
3275 TALA LOOP CIRCLE  
LONGWOOD, FL 32779 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:** BABAK VAKILI

01/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** KIAN ACQUISITIONS LLC  
**Address:** 3275 TALA LOOP CIRCLE  
**City-St-Zip:** LONGWOOD, FL 32779 US

**Title:** MGR  
**Name:** RANADIVE, NANDKISHORE  
**Address:** 9213 BENTLEY PARK CIRCLE  
**City-St-Zip:** ORLANDO, FL 32819 US

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:** BABAK VAKILI

MGR

01/18/2012

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