


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 10 AM 10:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000941 FLORIDA HEART ASSOCIATES, P.L. 1390 ROYAL PALM SQUARE BOULEVARD FORT MYERS FL 33907				1a. Principal Place of Business Address 1390 ROYAL PALM SQUARE BOULE FORT MYERS FL 33907			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/05/1996		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Date of Last Report		6. Certificate of Status Desired	
33919				04/21/1998		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office			
ROSEN, JEFFREY H M.D. 1390 ROYAL PALM SQUARE BOULEVARD FORT MYERS FL 33907 600002811336--7 -03/19/99--01009--007 ****188.75 ****188.75				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations							
SIGNATURE _____				DATE _____			
10. Title							
Managing Members/Managers		Business Street Address		City, State and Zip Code			
MEM	BUTLER, JAMES D.O.	1390 ROYAL PALM SQUARE BOU		FORT MYERS FL			
MEM	CHARLES, NELSON L M.D.	1390 ROYAL PALM SQUARE BOU		FORT MYERS FL			
MEM	HAGGMAN, DALE L D.O.	1390 ROYAL PALM SQUARE BOU		FORT MYERS FL			
MEM	ZIEGLER, EDWARD CMD	1390 ROYAL PALM SQ. BLVD.		FT. MYERS FL			
MEM	TRITEL, HARVEY M.D.	1390 ROYAL PALM SQ. BLVD.		FT. MYERS FL			
MEM	HON, HENRY H M.D.	1390 ROYAL PALM SQ. BLVD.		FT. MYERS FL			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.							
SIGNATURE: <u>W. W. Waterman</u>				3/4/99 (941) 936-1663			