

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000941

FILED
Apr 27, 2004
Secretary of State

Entity Name: FLORIDA HEART ASSOCIATES, P.L.

Current Principal Place of Business:

1550 BARKLEY CIRCLE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1550 BARKLEY CIRCLE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0690931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSEN, JEFFREY H M.D.
1550 BARKLEY CIRCLE
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

ROSEN, JEFFREY H MD
1550 BARKLEY CIRCLE
FORT MYERS, FL 33907 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: JEFFREY H ROSEN, MD

04/27/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MEM () Delete
Name: RUBIN, MICHAEL R M.D.
Address: 1550 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

Title: MEM () Delete
Name: KSHETRAPAL, SUBHASH M.D.
Address: 1550 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

Title: MEM () Delete
Name: HON, HENRY H M.D.
Address: 1550 BARKLEY CIRCLE
City-St-Zip: FT. MYERS, FL 33907

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PRABARAKAN, BALA M.D.
Address: 1550 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

Title: MGR (X) Change () Addition
Name: KSHETRAPAL, SUBHASH M.D.
Address: 1550 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

Title: MGR (X) Change () Addition
Name: HON, HENRY H M.D.
Address: 1550 BARKLEY CIRCLE
City-St-Zip: FT. MYERS, FL 33907

Title: MGR () Change (X) Addition
Name: ROSEN, JEFFREY MD
Address: 1550 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: HENRY H HON, MD

MGR

04/27/2004

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