2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 03, 2006
Secretary of State

DOCUMENT# L96000000941

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 ( )**

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	PRABARAKAN, BALA M.D.	
Address:	1550 BARKLEY CIRCLE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGR	( ) Delete
Name:	KSHETRAPAL, SUBHASH M.D.	
Address:	1550 BARKLEY CIRCLE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGR	( ) Delete
Name:	HON, HENRY H M.D.	
Address:	1550 BARKLEY CIRCLE	
City-St-Zip:	FT. MYERS, FL 33907	
Title:	MGR	( ) Delete
Name:	ROSEN, JEFFREY MD	
Address:	1550 BARKLEY CIRCLE	
City-St-Zip:	FORT MYERS, FL 33907	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 03/03/2006

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