

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000941

FILED
Jan 29, 2008
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 ()

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:

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 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

01/29/2008

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