

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000941

FILED  
Apr 03, 2012  
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  
Name: PRABARAKAN, BALA M.D.  
Address: 1550 BARKLEY CIRCLE  
City-St-Zip: FORT MYERS, FL 33907

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

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

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

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: JEFFERY ROSEN

MGR

04/03/2012

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