

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004808

FILED
Jan 30, 2004
Secretary of State

Entity Name: THE HEART & VASCULAR INSTITUTE OF FLORIDA, L.L.C.

Current Principal Place of Business:

603 7TH STREET SOUTH, STE. 400
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

1840 MARSE DR
STE 200
SAFETY HARBOR, FL 34695

New Mailing Address:

1840 MEASE DRIVE
STE 200
SAFETY HARBOR, FL 34695

FEI Number: 59-3590854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, KERRY J M.D.
1840 MARGE DR STE 200
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

KAPLAN, KERRY J M.D.
1840 MEASE DR IVE
STE 200
SAFETY HARBOR, FL 34695 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:

01/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KAPLAN, KERRY J M.D.
Address: 1840 MEGAN DR STE 200
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM () Delete
Name: ROSETHAL, ANDREW
Address: 603 7TH STREET SOUTH, STE. 400
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGRM () Delete
Name: SHARMA, RAKESH M.D.
Address: 1840 MARGE DR STE 200
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM () Delete
Name: WITT, JEFF M.D.
Address: 603 7TH STREET SOUTH, STE. 400
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KAPLAN, KERRY J M.D.
Address: 1840 MEASE DR, STE 200
City-St-Zip: SAFETY HARBOR, FL 34695

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

Title: MGRM (X) Change () Addition
Name: SHARMA, RAKESH M.D.
Address: 1840 MEASE DR STE 200
City-St-Zip: SAFETY HARBOR, FL 34695

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 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: KERRY KAPLAN, MD

MGRM

01/30/2004

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