

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90021 047 ****50.00

DOCUMENT # L99000004808

1. Entity Name

THE HEART & VASCULAR INSTITUTE OF FLORIDA, L.L.C



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

1840 MEASE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

SAFETY HARBOR, FL

Zip

Country

Zip

Country

34695

4. FEI Number **59-3590854**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAPLAN, KERRY J M.D.
603 7TH STREET, SUITE 400
ST. PETERSBURG FL 33707**

Name

Street Address (P.O. Box Number is Not Acceptable)

1840 MEASE DR., Suite 200

City

SAFETY HARBOR

FL

Zip Code

34695

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLAN, KERRY J M.D. 603 7TH STREET SOUTH, STE. 400 ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSETHAL, ANDREW 603 7TH STREET SOUTH, STE. 400 ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHARMA, RAKESH M.D. 603 7TH STREET SOUTH, STE. 400 ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WITT, JEFF M.D. 603 7TH STREET SOUTH, STE. 400 ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1840 MEASE DR., Suite 200 SAFETY HARBOR, FL. 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSENTHAL, ANDREW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1840 MEASE DR., Suite 200 SAFETY HARBOR, FL. 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: X SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/15/2003 (727) 726-6500

UC35410

CR2E083 (10/02)