


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000051052 1. Entity Name HEART SPECIALISTS, P.A.	
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Principal Place of Business 900 EAST PINE STREET UNIT 215 ENGLEWOOD, FL 34233	Mailing Address 900 EAST PINE STREET UNIT 215 ENGLEWOOD, FL 34233
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01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1108902	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAMBRECHT, WILLIAM G 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	RAJA, PREMALA	
STREET ADDRESS	900 EAST PINE ST UNIT 215	
CITY-ST-ZIP	ENGLEWOOD, FL 34233	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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01/10/08-80041-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Premala Raja 1/8/08 941-475-5672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #