

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000032789

**Entity Name:** THE HEART INSTITUTE OF VENICE, PLLC

**Current Principal Place of Business:**

1370 E VENICE AVE SUITE 102  
VENICE, FL 34285

**Current Mailing Address:**

P.O. BOX 830  
THE HEART INSTITUTE OF VENICE, PLLC  
OSPREY, FL 34229

**FEI Number:** 20-2641604

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WECKESSER, BARRY J DR.  
1370 E. VENICE AVE  
SUITE 102  
VENICE, FL 34285 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:** BARRY J. WECKESSER

01/23/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	CHAIRMAN
Name	SIBBITT, RUTHANN M	Name	WECKESSER, BARRY J DR.
Address	1370 E. VENICE AVE, SUITE 102	Address	1370 E VENICE AVE SUITE 102
City-State-Zip:	VENICE FL 34285	City-State-Zip:	VENICE FL 34285

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WECKESSER , BARRY J , DR.

CHAIRMAN

01/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date