

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000017811

**FILED  
Jan 17, 2012  
Secretary of State**

**Entity Name:** TAMPA CARDIO ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

4600 NORTH HABANA, STE. 4  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4600 NORTH HABANA, STE. 4  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 90-0082685      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HUMBERTO, COTO MD  
4600 N HABANA AVE  
STE 4  
TAMPA, FL 33614 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: MGRM  
Name: CARDIAC CARE SERVICES, PA  
Address: 4600 NORTH HABANA STE 4  
City-St-Zip: TAMPA, FL 33614

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: CARDIAC CARE SERVICES, PA      MGRM      01/17/2012

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