

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000077995

**Entity Name:** ORLANDO HEART & VASCULAR CENTER, LLC

**Current Principal Place of Business:**

11616 LAKE UNDERHILL ROAD  
SUITE # 215  
ORLANDO, FL 32825

**Current Mailing Address:**

11616 LAKE UNDERHILL ROAD  
SUITE # 215  
ORLANDO, FL 32825

**FEI Number:** 20-1847055

**Certificate of Status Desired:** No

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

SOMPALLI, VINEEL  
8130 LAKE SERENE DRIVE  
ORLANDO, FL 32836 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title            PRES  
Name            SOMPALLI, VINEEL MD  
Address        8130 LAKE SERENE DRIVE  
City-State-Zip: ORLANDO FL 32825

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VINEEL SOMPALLI

**PRESIDENT**

**03/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date