

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000061456

**Entity Name:** FLORIDA HEART & VASCULAR CARE, PLLC

**Current Principal Place of Business:**

146 PALM COAST RESORT BLVD, #806  
PALM COAST, FL 32137

**Current Mailing Address:**

146 PALM COAST RESORT BLVD, #806  
PALM COAST, FL 32137

**FEI Number:** 45-5239582

**Certificate of Status Desired:** No

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

PASCOE, BEVERLY  
1301 RIVERPLACE BLVD  
STE 1500  
JACKSONVILLE, FL 32207 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 MGRM  
Name THEILADE, KAREN C  
Address 620 PALENCIA CLUB DR STE 101  
City-State-Zip: ST AUGUSTINE FL 32095

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:** KAREN C. THEILADE

MGRM

04/30/2014

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

\_\_\_\_\_  
Date