

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90243 032 ****50.00

DOCUMENT # L00000003254	
1. Entity Name OCALA HEART INSTITUTE BUILDING, L.L.C.	

Principal Place of Business 1511 S.W. FIRST AVENUE OCALA, FL 34474	Mailing Address PO DRAWER 3130 OCALA, FL 34478
--	--

20010217



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02092006 Chg-LLC CR2E083 (11/05)

City & State	City & State
Zip	Country

4. FEI Number 59-3124540	Applied For ☐ Not Applicable
-----------------------------	--

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	
GARDNER, MERRITT A 401 EAST JACKSON STREET SUITE 2400 TAMPA, FL 33602	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE
-----------	------

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARMICHAEL, MICHAEL J M.D. 1511 S.W. FIRST AVENUE OCALA, FL 34474 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KUYKENDALL, R. CRAIG M.D. 1511 S.W. FIRST AVENUE OCALA, FL 34474 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELDMAN, ROBERT L M.D. 1511 S.W. FIRST AVENUE OCALA, FL 34474 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALAT, JOHN A 1511 SW 1ST AVENUE OCALA, FL 34474 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE attached for complete listing ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHUNG, S. PETER 1511 SW 1ST AVENUE OCALA, FL 34474 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my 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: 	352-867-8311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #

ATTACHMENT

DOCUMENT # L00000003254

OCALA HEART INSTITUTE BUILDING, L.L.C.

200/0217

OFFICERS & DIRECTORS

CARMICHAEL, Michael J.
1511 SW 1st Avenue
Ocala, FL 34474
Manager

FELDMAN, Robert L.
1511 SW 1st Avenue
Ocala, FL 34474
Manager

KUYKENDALL, R. Craig
1511 SW 1st Avenue
Ocala, FL 34474
Manager

KUYKENDALL, Sara G.
1511 SW 1st Avenue
Ocala, FL 34474
Manager

CHUNG, S. Peter
1511 SW 1st Avenue
Ocala, FL 34474
Manager

CHUNG, Nadine
1511 SW 1st Avenue
Ocala, FL 34474
Manager

GALAT, John A.
1511 SW 1st Avenue
Ocala, FL 34474
Manager

GALAT, Laurie
1511 SW 1st Avenue
Ocala, FL 34474
Manager