2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0000003254

Entity Name: OCALA HEART INSTITUTE BUILDING, L.L.C.

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1511 S.W. FIRST AVENUE 1511 S.W. FIRST AVENUE OCALA, FL 34474

OCALA, FL 34471

CORTES, JOSE ESQ

BLANCHARD, MERRIAM, ADEL & KIRKLAND, PA

Date

Current Mailing Address: New Mailing Address:

PO DRAWER 3130 OCALA, FL 34478

FEI Number: 59-3124540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GARDNER, MERRITT A 401 EAST JACKSON STREET

SUITE 2400

4 SE BROADWAY TAMPA, FL 33602 US OCALA, FL 34471 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: JOSE CORTES, ESQ

04/01/2009

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete (X) Change () Addition EVANS, DAVID K MD KUYKENDALL, CRAIG MD Name: Name: 1511 S.W. FIRST AVENUE Address: 1511 S.W. FIRST AVENUE Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34471

Title: MGR Title: MGR (X) Change () Addition () Delete KUYKENDALL, R. CRAIG M.D. Name: GALAT, JOHN M.D. Name: Address: 1511 S.W. FIRST AVENUE Address: 1511 S.W. FIRST AVENUE

City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34471

Title: MGR () Delete Title: MGR (X) Change () Addition DODD, DAVID J MD LAMMERMEIER, DAVID MD Name: Name: 1511 S.W. FIRST AVENUE Address: Address: 1511 S.W. FIRST AVENUE City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34471 US

Title: MGR () Delete Title: MGR (X) Change () Addition Name:

GALAT, JOHN A Name: CHUNG, S. PETER M.D. Address: 1511 SW 1ST AVENUE Address: 1511 SW 1ST AVENUE City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34471 US

Title: MGR () Delete Title: MGR (X) Change () Addition CHUNG, S. PETER COOK, R. DUANE M.D.

Name: Name: 1511 SW 1ST AVENUE 1511 SW 1ST AVENUE Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34471

Title: (X) Delete Title: () Change () Addition

WISTAR, MOORE Name: Name: Address: 1511 SW 1ST AVE Address: OCALA, FL 34474 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: R. DUANE COOK 04/01/2009