

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003254

FILED
May 03, 2010
Secretary of State

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

Current Principal Place of Business:

1511 S.W. FIRST AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 3130
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3124540 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORTES, JOSE ESQ.
BLANCHARD, MERRIAM, ADEL & KIRKLAND, PA
4 SE BROADWAY
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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KUYKENDALL, CRAIG MD
Address: 1511 S.W. FIRST AVENUE
City-St-Zip: OCALA, FL 34471

Title: MGR
Name: GALAT, JOHN M.D.
Address: 1511 S.W. FIRST AVENUE
City-St-Zip: OCALA, FL 34471

Title: MGR
Name: LAMMERMEIER, DAVID MD
Address: 1511 S.W. FIRST AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: MGR
Name: CHUNG, S. PETER M.D.
Address: 1511 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: MGR
Name: COOK, R. DUANE M.D.
Address: 1511 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471

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: R DUANE COOK, MD

PRES

05/03/2010

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