

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003254

FILED
Mar 09, 2011
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 ()

Name and Address of Current Registered Agent:

CORTES, JOSE ESQ.
BLANCHARD, MERRIAM, ADEL & KIRKLAND, PA
4 SE BROADWAY
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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. CRAIG KUYKENDALL, M.D.

MGR

03/09/2011

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