
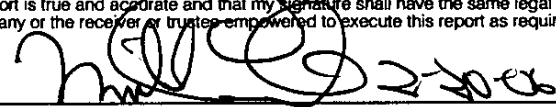


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-24-2006 90243 030 \*\*\*\*50.00

<b>DOCUMENT # L01000018585</b> 1. Entity Name <b>INVERNESS HEART INSTITUTE BUILDING, L.L.C.</b>					
Principal Place of Business <b>1511 S.W. FIRST AVENUE OCALA, FL 34474</b>			Mailing Address <b>P.O. DRAWER 3130 OCALA, FL 34478</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3760876</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GARDNER, MERRITT A 401 EAST JACKSON STREET SUITE 2400 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CARMICHAEL, MICHAEL J 1511 SW 1ST AVENUE OCALA, FL 34474</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KUYKENDALL, CRAIG 1511 SW 1ST AVENUE OCALA, FL 34474</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GALAT, JOHN A 1511 SW 1ST AVENUE OCALA, FL 34474</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CHUNG, NADINE 1511 SW 1ST AVENUE OCALA, FL 34474</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 				352-867-8311	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

20010219



02092006 Chg-LLC CR2E083 (11/05)

Applied For  
Not Applicable

FL Zip Code

*See attached list*

# ATTACHMENT

DOCUMENT # L01000018585

INVERNESS HEART INSTITUTE BUILDING, L.L.C.

200/02/9

## OFFICERS & DIRECTORS

CARMICHAEL, Michael J.  
1511 SW 1<sup>st</sup> Avenue  
Ocala, FL 34474  
Manager

KUYKENDALL, Sara G.  
1511 SW 1<sup>st</sup> Avenue  
Ocala, FL 34474  
Manager

KUYKENDALL, R. Craig  
1511 SW 1<sup>st</sup> Avenue  
Ocala, FL 34474  
Manager

CHUNG, Nadine  
1511 SW 1<sup>st</sup> Avenue  
Ocala, FL 34474  
Manager

CHUNG, S. Peter  
1511 SW 1<sup>st</sup> Avenue  
Ocala, FL 34474  
Manager

GALAT, Laurie  
1511 SW 1<sup>st</sup> Avenue  
Ocala, FL 34474  
Manager

GALAT, John A.  
1511 SW 1<sup>st</sup> Avenue  
Ocala, FL 34474  
Manager