2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: VENICE CARDIOVASCULAR ANESTHESIA ASSOCIATES, PLLC

Current Principal Place of Business:

1511 S.W. FIRST AVENUE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 3130
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 06-1643841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORTES, JOSE ESQ
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: ROBERTIE, PAUL G M.D.
Address: 1511 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: MGR
Name: PALMIRE, VINCENT C MD
Address: 1511 SW 1ST AVEUE
City-St-Zip: OCALA, FL 34471 US

Title: MGR
Name: DEPUTAT, MAKHAIL MD
Address: 1511 SW 1ST AVE.
City-St-Zip: OCALA, FL 34471 US

Title: MGR
Name: HARRISON, LAWRENCE R MD
Address: 1511 SW 1ST AVE.
City-St-Zip: OCALA, FL 34471 US

Title: MGR
Name: ELHOUSHY, ABDEL H MD
Address: 1511 SW 1ST AVE.
City-St-Zip: OCALA, FL 34471 US

Title: MGR
Name: MIKOWSKI, MICHAEL S D.O.
Address: 1511 SW 1ST AVE.
City-St-Zip: OCALA, FL 34471 US

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 Statues.

SIGNATURE: VINCENT PALMIRE, M.D. MGR 03/09/2011

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