

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90100 011 ****50.00

DOCUMENT # L02000022301

1. Entity Name

VENICE CARDIOVASCULAR ASSOCIATES, P.L.



Principal Place of Business

1511 S.W. FIRST AVENUE
OCALA FL 34474

Mailing Address

1511 S.W. FIRST AVENUE
OCALA FL 34474

2. Principal Place of Business

3. Mailing Address

P.O. Drawer 3130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala FL

Zip

Country

Zip

Country

34478

USA

4. FEI Number

55-0794892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDNER, MERRITT A
401 EAST JACKSON STREET STE. 2650
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CARMICHAEL, MICHAEL J MD
1511 SW 1ST AVENUE
OCALA FL 34474 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

352-867-8311