


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90109 012 ****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 P.O. DRAWER 3130 OCALA FL 34478 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 55-0794892		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent GARDNER, MERRITT A 401 EAST JACKSON STREET STE. 2650 TAMPA FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 2400 City FL Zip Code	
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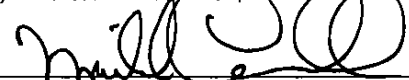
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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, 2005

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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael J. Carmichael, MD, PA <input type="checkbox"/> Change <input type="checkbox"/> Addition Correction
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
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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 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:  **2-21-05** **352-867-8311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #