


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90058 026 \*\*\*\*50.00

<b>DOCUMENT # L02000022301</b> 1. Entity Name <b>VENICE CARDIOVASCULAR ASSOCIATES, P.L.</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 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2864894</b>	
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 <b>Merritt A. Gardner</b> Street Address (P.O. Box Number is Not Acceptable) <b>Watermark 5 Suite 200</b> <b>5415 MARINER Street</b> City <b>Tampa</b> FL Zip Code <b>33609</b>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CARMICHAEL, MICHAEL J P.A. 1511 SOUTHWEST FIRST AVENUE OCALA, FL 34474</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Florida Heart and Vascular Surgeons, P.A.</b> <input checked="" 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	
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	
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: David S. Lammertine, MD</b>			<b>04-26-2007 352-867-8311</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		