

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022301

FILED
Mar 09, 2011
Secretary of State

Entity Name: VENICE CARDIOVASCULAR ASSOCIATES, P.L.

Current Principal Place of Business:

1511 S.W. FIRST AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 3130
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 55-0794892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, JOSE ESQ
BLANCHARD, MERRIAM, ADEL & KIRKLAND, PA
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: GRP
Name: FLORIDA HEART AND VASCULAR SURGEONS, PA
Address: 1511 SOUTHWEST FIRST AVENUE
City-St-Zip: OCALA, FL 34474

Title: PRES
Name: COOK, R DUANE M.D.
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471 US

Title: SEC
Name: STOCKMAN, FRANCES F
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471

Title: P
Name: FONG, JONATHAN M.D.
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471

Title: P
Name: DAYO, MATEO M.D.
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471

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 Statutes.

SIGNATURE: R. DUANE COOK, M.D.

PRES

03/09/2011

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