

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022596

FILED
Feb 28, 2012
Secretary of State

Entity Name: CARDIOVASCULAR ANESTHESIA CONSULTANTS OF CENTRAL FLORIDA, PLLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 3130
OCALA, FL 34478

New Mailing Address:

FEI Number: 56-2294500

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
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: MGRM
Name: PALMIRE, VINCENT C MD
Address: 1511 SW 1ST AVE.
City-St-Zip: OCALA, FL 34471 US

Title: MGRM
Name: ROBERTIE, PAUL G MD
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 Statutes.

SIGNATURE: VINCENT PALMIRE, M.D.

MGR

02/28/2012

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