

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-24-2004 90100 013 ****50.00

DOCUMENT # L03000017773

1. Entity Name

WINTER HAVEN CARDIOVASCULAR ASSOCIATES, P.L.



Principal Place of Business

1511 SW FIRST AVE
OCALA FL 34478

Mailing Address

1511 SW FIRST AVE
OCALA FL 34478

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PO Drawer 3130

City & State

City & State

Ocala, FL

4. FEI Number

59-2864894

Applied For

Not Applicable

Zip
34474

Country

Zip
34478

Country
USA

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARDNER, MERRITT A
401 E. JACKSON ST., STE. 2400
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

TITLE MGRM
NAME MICHAEL J. CARMICHAEL, MD, PA
STREET ADDRESS 1511 SW FIRST AVE
CITY-ST-ZIP Ocala FL 34478 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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