

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017773

**FILED**  
**Apr 08, 2009**  
**Secretary of State**

**Entity Name:** WINTER HAVEN CARDIOVASCULAR ASSOCIATES, P.L.

**Current Principal Place of Business:**

1511 SW FIRST AVE  
OCALA, FL 34478

**New Principal Place of Business:**

1511 SW FIRST AVE  
OCALA, FL 34471 US

**Current Mailing Address:**

PO DRAWER 3130  
OCALA, FL 34478

**New Mailing Address:**

PO DRAWER 3130  
OCALA, FL 34478 US

**FEI Number:** 59-2864894

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARDNER, MERRITT A  
WATERMARK 5 SUITE 200  
5415 MARINER STREET  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

CORTES, JOSE H ESQ  
4 SE BROADWAY  
OCALA, FL 34471 US

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:** JOSE H. CORTES, ESQ

04/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** FLORIDA HEART AND VASCULAR SURGEONS, P.A.  
**Address:** 1511 SW FIRST AVE  
**City-St-Zip:** Ocala, FL 34478

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** FLORIDA HEART AND VASCULAR SURGEONS, P.A.  
**Address:** 1511 SW FIRST AVE  
**City-St-Zip:** Ocala, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

MGR

04/08/2009

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