

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000017773

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1511 SW FIRST AVE  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO DRAWER 3130  
OCALA, FL 34478 US

**New Mailing Address:**

**FEI Number:** 56-2364550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORTES, JOSE H ESQ  
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, P.A.  
**Address:** 1511 SW FIRST AVE  
**City-St-Zip:** Ocala, FL 34471 US

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

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

**Title:** P  
**Name:** DODD, DAVID M.D.  
**Address:** 1511 SW 1ST AVE  
**City-St-Zip:** Ocala, FL 34471

**Title:** P  
**Name:** EVANS, DAVID 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

03/09/2010

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