

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017773

FILED
Apr 03, 2012
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

04/03/2012

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