

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000023270

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** INDIAN RIVER CARDIOVASCULAR ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

787 37TH STREET  
STE E 140  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

787 37TH STREET, SUITE E 140  
STE E 140  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 01-0859338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEC CONSULTANTS, INC.  
1515 INDIAN RIVER BLVD., SUITE A210  
VERO BEACH, FL 329607103 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: SETH H. BAKER, D.O., P.A.  
Address: 787 37TH STREET, SUITE E 140  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM  
Name: RICHARD B MOORE, MD,PA  
Address: 787 37TH STREET, SUITE E 140  
City-St-Zip: VERO BEACH, FL 32960

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: SETH BAKER

MGRM

02/16/2011

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