

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000006512

1. Entity Name  
HEALTH CENTRAL EKG SPECIALISTS, L.L.C.



Principal Place of Business  
11140 WEST COLONIAL DRIVE, SUITE 1  
OCOE, FL 34761

Mailing Address  
11140 WEST COLONIAL DRIVE, SUITE 1  
OCOE, FL 34761

**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**



07252008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0567781

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WENTZELL, THOMAS M.D.  
11140 WEST COLONIAL DRIVE, SUITE 1  
OCOE, FL 34761

**DO NOT WRITE  
IN THIS SPACE**

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 \$538.75  
Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	WENTZELL, THOMAS H M.D.
STREET ADDRESS	11140 WEST COLONIAL DRIVE, SUITE 1
CITY - ST - ZIP	OCOE, FL 34761

TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	

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U000000956439  
07/28/08-80004-003 538.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #