


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000034358</b> 1. Entity Name <b>JACKSONVILLE CARDIOVASCULAR CENTER, P.L.</b>		
Principal Place of Business <b>6444 BEACH BLVD. JACKSONVILLE, FL 32216 US</b>		Mailing Address <b>6444 BEACH BLVD. JACKSONVILLE, FL 32216 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LEGLER, MITCHELL W 300A WHARFSIDE WAY ORANGE PARK, FL 32207</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 reinstalling) DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PULIDO, JESUS G 6444 BEACH BOULEVARD JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS LOHRBAUER, LEIF A 6444 BEACH BOULEVARD JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASV OLLOFF, BENJAMIN C 6444 BEACH BOULEVARD JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Carla H. Peralta</u> <u>CARLA H. PERALTA</u> <u>BUSINESS MANAGER</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date _____ Daytime Phone # _____



04132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**04-3790863**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

U00000520396  
05/02/06-80092-018 50.00