

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000034358

1. Entity Name
JACKSONVILLE CARDIOVASCULAR CENTER, P.L.



Principal Place of Business
**6444 BEACH BLVD.
JACKSONVILLE, FL 32216 US**

Mailing Address
**6444 BEACH BLVD.
JACKSONVILLE, FL 32216 US**



01302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3790863

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEGLER, MITCHELL W
300A WHARFSIDE WAY
ORANGE PARK, FL 32207**

**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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	PULIDO, JESUS G
STREET ADDRESS	6444 BEACH BOULEVARD
CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	VS
NAME	LOHRBAUER, LEIF A
STREET ADDRESS	6444 BEACH BOULEVARD
CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	ASV
NAME	OLLOFF, BENJAMIN C
STREET ADDRESS	6444 BEACH BOULEVARD
CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000813002
02/12/08-80071-019 138.75

**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 #

1-30-08 (904) 805-9600

BENJAMIN C. OLLOFF