2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L04000034358

Entity Name: JACKSONVILLE CARDIOVASCULAR CENTER, P.L.

Current Principal Place of Business:

6444 BEACH BLVD.
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

6444 BEACH BLVD.
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 04-3790863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
300A WHARFSIDE WAY
ORANGE PARK, FL 32207 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: P ( ) Delete
Name: PULIDO, JESUS G
Address: 6444 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VS ( ) Delete
Name: LOHRBAUER, LEIF A
Address: 6444 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32216

Title: ASV ( ) Delete
Name: OLLOFF, BENJAMIN C
Address: 6444 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JESUS G PULIDO P 03/30/2009

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