

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034358

FILED
Apr 02, 2012
Secretary of State

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
Name: PULIDO, JESUS G
Address: 6444 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32216

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

Title: ASV
Name: OLLIFF, BENJAMIN C
Address: 6444 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32216

Title: ASV
Name: SALMAN, WADDAH
Address: 6444 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32216

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: JESUS G PULIDO

P

04/02/2012

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