

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000071752

**FILED**  
**Mar 21, 2006**  
**Secretary of State**

**Entity Name:** CARDIOVASCULAR CONSULTANTS OF ST. AUGUSTINE, P.L.

**Current Principal Place of Business:**

1680 OSCEOLA SCHOOL ROAD, SUITE A  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

1680 OSCEOLA SCHOOL ROAD, SUITE A  
ST. AUGUSTINE, FL 32084 US

**Current Mailing Address:**

1680 OSCEOLA SCHOOL ROAD, SUITE A  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

1680 OSCEOLA SCHOOL ROAD, SUITE A  
ST. AUGUSTINE, FL 32084 US

**FEI Number:** 20-1708918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INTREPID REGISTERED AGENTS SERVICES, LLC  
ONE INDEPENDENT DRIVE, SUITE 1200  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

INTREPID REGISTERED AGENT SERVICES, LLC  
ONE INDEPENDENT DRIVE, SUITE 1200  
JACKSONVILLE, FL 32202 US

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: GWEN HUTCHESON GRIGGS, EVP

03/21/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TUTAR, ALI MD  
Address: 1680 OSCEOLA SCHOOL RD STE A  
City-St-Zip: SAINT AUGUSTINE, FL 32084

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TUTAR, ALI MD  
Address: 1680 OSCEOLA SCHOOL RD STE A  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ALI TUTAR, MD

MGR

03/21/2006

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