

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071752

FILED  
Apr 05, 2010  
Secretary of State

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

**Current Principal Place of Business:**

397 PALM COAST PARKWAY SW  
UNIT 2  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

300 HEALTH PARK BOULEVARD  
SUITE 5010  
ST. AUGUSTINE, FL 32086 US

**Current Mailing Address:**

3501B NORTH PONCE DELEON BOULEVARD  
PMB 392  
ST. AUGUSTINE, FL 32084 US

**New Mailing Address:**

3501-B N. PONCE DELEON BOULEVARD  
PMB 392  
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:**

CONTEGA BUSINESS SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 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: MGR  
Name: TUTAR, ALI MD  
Address: 300 HEALTH PARK BOULEVARD, SUITE 5010  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: MGR  
Name: TUTAR, BERRIN  
Address: 300 HEALTH PARK BOULEVARD, SUITE 5010  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

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: ALI TUTAR, MD

MGR

04/05/2010

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