

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State


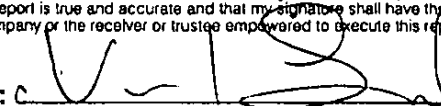
02-14-2007 90218 019 ****50.00

DOCUMENT # L04000077995					
1. Entity Name ORLANDO HEART & VASCULAR CENTER, LLC					
Principal Place of Business 11317 LAKE UNDERHILL ROAD SUITE # 600 ORLANDO, FL 32825			Mailing Address 8130 LAKE SERENE DR ORLANDO, FL 32836 AS PRINCIPAL ADD.		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03132007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-1847055				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03132007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SOMPALLI, VINEEL 8130 LAKE SERENE DRIVE ORLANDO, FL 32836			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>VINEEL SOMPALLI</u> <u>03/13/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOMPALLI, VINEEL 8130 LAKE SERENE DRIVE ORLANDO, FL 32826	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER SYED I. ALI 1960 WEST HILL RUN WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>VINEEL SOMPALLI</u> <u>03/13/07</u> <u>407-446-8686</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

REJECTED
02-14-2007 90218 019 ****50.00
L04000077995

ATTACHMENT
30002865

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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 606, Florida Statutes.					
SIGNATURE: 			Date: 1/30/07 407-446-8686		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		

ATTACHMENT
30002863

February 22, 2007

ORLANDO HEART & VASCULAR CENTER, LLC
8130 LAKE SERENE DR
ORLANDO, FL 32836

SUBJECT: ORLANDO HEART & VASCULAR CENTER, LLC
Ref. Number: L04000077995

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

REGISTRATION SECTION

Letter number: 407A00013651

/vrn

Division of Corporations - P.O. BOX 6478 -Tallahassee, Florida
32314

+ NEXT, - PREV, 1. MENU, 2. FILING
7. LIST
ENTER SELECTION AND CR: