2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L04000077995

Entity Name: ORLANDO HEART & VASCULAR CENTER, LLC

Current Principal Place of Business:

11317 LAKE UNDERHILL ROAD
SUITE # 600
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

8130 LAKE SERENE DRIVE
ORLANDO, FL 32836

New Mailing Address:

11317 LAKE UNDERHILL ROAD
SUITE # 600
ORLANDO, FL 32825

FEI Number: 20-1847055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SOMPALLI, VINEEL
8130 LAKE SERENE DRIVE
ORLANDO, FL 32836 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: MGRM ( ) Delete
Name: SOMPALLI, VINEEL
Address: 8130 LAKE SERENE DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SOMPALLI, VINEEL MD
Address: 8130 LAKE SERENE DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: MGRM ( ) Change (X) Addition
Name: MARTINEZ, EDWIN R MD
Address: APT #201 MEETING PLACE
City-St-Zip: ORLANDO, FL 32814

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: VINEEL SOMPALLI MGR 05/01/2009

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