

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000083471

1. Entity Name
ZEPHYRHILLS CARDIOVASCULAR LAB, LLC



Principal Place of Business
6748 GALL BLVD
SUITE 130A
ZEPHYRHILLS, FL 33542 US

Mailing Address
6748 GALL BLVD
SUITE 130A
ZEPHYRHILLS, FL 33542 US



01262006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1895861

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KHAN, WALI U MD
6748 GALL BLVD
SUITE 130A
ZEPHYRHILLS, FL 33542

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KHAN, WALI U MD
STREET ADDRESS	6748 GALL BLVD., SUITE 130A
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	MGRM
NAME	TUN, AUNG MD
STREET ADDRESS	37929 MEDICAL ARTS COURT
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000452455
03/11/06-80027-013 150.00

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IN THIS SPACE**

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: *X Wali U Khan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

X 2-24-06

Date

X 813-780-9

Daytime Phone #