

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2007 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**



01182007No 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**

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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, 2007**

U000000624799
02/14/07-80049-018 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KHAN, WALI U MD
6748 GALL BLVD., SUITE 130A
ZEPHYRHILLS, FL 33542**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TUN, AUNG MD
37929 MEDICAL ARTS COURT
ZEPHYRHILLS, FL 33542**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

X *813-780-9900*