

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90116 041 \*\*\*138.75

<b>DOCUMENT # L05000062890</b> 1. Entity Name <b>PARK AVENUE HEART AND VASCULAR CENTER, L.L.C.</b>					
Principal Place of Business <b>2300 PARK AVE. SUITE 101-C ORANGE PARK, FL 32073</b>			Mailing Address <b>1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>Laurie Teppert</i> <b>2 Shircliff Way</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 600</b>			
City & State		City & State <b>Jacksonville FL</b>			
Zip <b>32204</b>	Country <b>US</b>	4. FEI Number <b>20-3071260</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>TEPPERT, LAURIE 2300 PARK AVE. SUITE 101-C ORANGE PARK, FL 32073</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Laurie S. Teppert</b> Street Address (P.O. Box Number is Not Acceptable) <b>2 Shircliff Way</b> <b>Suite 600</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32204</b>		
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 <i>Laurie Teppert</i> DATE <b>3/11/08</b> <small>Signature, typed or printed name of registered agent and jurisdiction applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORTENSEN, MARGARET 1800 BARRS STREET JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1 Shircliff Way</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DARNELL, KAREN 1800 BARRS STREET JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1 Shircliff Way</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANDLER, WARREN 1801 BARRS STREET #615 JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYER, DAVID 1801 BARRS STREET #615 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2 Shircliff Way, Suite 615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEON, CARLOS MD 1801 BARRS STREET #615 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2 Shircliff Way, Suite 615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <i>Margaret Mortensen</i> <b>Margaret Mortensen</b>			Date <b>3/14/08</b> Daytime Phone # <b>904 308 8608</b>		