

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062890

FILED
Apr 27, 2009
Secretary of State

Entity Name: PARK AVENUE HEART AND VASCULAR CENTER, L.L.C.

Current Principal Place of Business:

2300 PARK AVE.
SUITE 101-C
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

C/O LAURIE TEPPERT
2 SHIRCLIFF WAY STE 600
JACKSONVILLE, FL 32204

New Mailing Address:

C/O LAURIE TEPPERT
2 SHIRCLIFF WAY STE 600
JACKSONVILLE, FL 32204

FEI Number: 20-3071260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEPPERT, LAURIE
2 SHIRCLIFF WAY STE 600
JACKSONVILLE, FL 32204 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: MGR () Delete
Name: MORTENSEN, MARGARET
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR () Delete
Name: DARNELL, KAREN
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR () Delete
Name: MEYER, DAVID
Address: 2 SHIRCLIFF WAY STE 615
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR () Delete
Name: LEON, CARLOS MD
Address: 2 SHIRCLIFF WAY STE 615
City-St-Zip: JACKSONVILLE, FL 32204

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

ADDITIONS/CHANGES:

Title: O (X) Change () Addition
Name: PILCHER, GEORGE S MD
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change () Addition
Name: DARNELL, KAREN
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change () Addition
Name: MIKULIC, MARIANO B MD
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change () Addition
Name: GARAS, SAMER M MD
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Change (X) Addition
Name: LEFEVER, SONYA L MD
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

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: LAURIE TEPPERT

RA

04/27/2009

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