2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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:

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: O
Name: PILCHER, GEORGE S MD
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: DARNELL, KAREN
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

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

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

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

I hereby 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 Statues.

SIGNATURE: LAURIE S. TEPPERT RA 03/01/2011

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