

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000088848

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** CLEARWATER CARDIOVASCULAR PROPERTIES BARDMOOR III, L.L.C.

**Current Principal Place of Business:**

455 PINELLAS STREET SUITE 400  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

455 PINELLAS STREET SUITE 400  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 20-4355971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANGELICI, LINA ESQ  
WILLIAMS SCHIFINO MANGIONE & STEADY, P.A.  
ONE TAMPA CITY CENTER, SUITE 2600  
TAMPA, FL 33602 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:** MGRM  
**Name:** SIMMONS, FREDERIC R  
**Address:** 455 PINELLAS ST. SUITE 400  
**City-St-Zip:** CLEARWATER, FL 33756

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 Statutes.

SIGNATURE: FREDERIC R SIMMONS

MGRM

02/15/2011

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