2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103480

Entity Name: OKALOOSA HEART AND VASCULAR PROPERTIES, L.L.C.

FILED Feb 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1032 MAR-WALT DRIVE, SUITE 110 1032 MAR-WALT DRIVE FORT WALTON BEACH, FL 32547

SUITE 110

FORT WALTON BEACH, FL 32547

Current Mailing Address: New Mailing Address:

129 EAST REDSTONE AVENUE, SUITE A 129 EAST REDSTONE AVENUE

CRESTVIEW, FL 32539 SUITE A

CRESTVIEW, FL 32539

FEI Number: 20-3661394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HELMICH, KEVIN M HELMICH, KEVIN M ESQUIRE 4481 LEGENDARY DRIVE, SUITE 200 4481 LEGENDARY DRIVE

DESTIN, FL 32541 SUITE 200

DESTIN, FL 32541 US

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: KEVIN M. HELMICH 02/07/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete (X) Change () Addition

PEDONE, JOSÉPH A M.D. PEDONE, JOSEPH A M.D. Name: Name: 2826 EDGEWATER DRIVE Address: 129 EAST REDSTONE AVENUE, SUITE A Address:

City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: CRESTVIEW, FL 32539

Title: MGR () Delete Title: (X) Change () Addition Name: KATZENSTEIN, MARK J M.D. Name: KATZENSTEIN, MARK J M.D.

Address: 2420 EDGEWATER DRIVE Address: 129 EAST REDSTONE AVENUE, SUITE A

City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: CRESTVIEW, FL 32539

Title: MGR () Delete Title: MGR (X) Change () Addition YANDEL, MICHAEL L M.D. YANDEL, MICHAEL L M.D. Name: Name:

829 COLDWATER CREEK CIRCLE 129 EAST REDSTONE AVENUE, SUITE A Address: Address:

City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: CRESTVIEW, FL 32539

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH A. PEDONE 02/07/2006