

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103480

FILED
Feb 05, 2009
Secretary of State

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

Current Principal Place of Business:

129 EAST REDSTONE AVENUE
SUITE A
CRESTVIEW, FL 32539 US

New Principal Place of Business:

Current Mailing Address:

129 EAST REDSTONE AVENUE
SUITE A
CRESTVIEW, FL 32539 US

New Mailing Address:

FEI Number: 20-3661394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEDONE, JOSEPH A MD
129 EAST REDSTONE AVENUE
SUITE A
CRESTVIEW, FL 32539 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: PEDONE, JOSEPH A M.D.
Address: 129 EAST REDSTONE AVENUE, SUITE A
City-St-Zip: CRESTVIEW, FL 32539

Title: MGR () Delete
Name: KATZENSTEIN, MARK J M.D.
Address: 129 EAST REDSTONE AVENUE, SUITE A
City-St-Zip: CRESTVIEW, FL 32539

Title: MGR () Delete
Name: YANDEL, MICHAEL L M.D.
Address: 129 EAST REDSTONE AVENUE, SUITE A
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH A PEDONE

MGR

02/05/2009

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