2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L06000047636

Entity Name: CARDIOVASCULAR INSTITUTE OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

2101 SW 20TH PLACE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2101 SW 20TH PLACE
OCALA, FL 34474

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER, 21ST FLOOR
2 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131 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	(X) Delete
Name:	RAO, SRISHA M.D.	
Address:	2101 SW 20TH PLACE	
City-St-Zip:	OCALA, FL 34474	
Title:	MGRM	( ) Delete
Name:	ELIGETI, RAMULU M.D.	
Address:	2101 SW 20TH PLACE	
City-St-Zip:	OCALA, FL 34474	
Title:	MGRM	(X) Delete
Name:	KOKA, VIJAYA N M.D.	
Address:	2101 SW 20TH PLACE	
City-St-Zip:	OCALA, FL 34474	
Title:	MGRM	( ) Delete
Name:	CACODCAR, SUREXA S M.D.	
Address:	2101 SW 20TH PLACE	
City-St-Zip:	OCALA, FL 34474	
Title:	MGRM	( ) Delete
Name:	MCGHEE, J. ROBERT D.O.	
Address:	2101 SW 20TH PLACE	
City-St-Zip:	OCALA, FL 34474	

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:		
Title:	ST	(X) Change ( ) Addition
Name:	CACODCAR, SUREXA S M.D.	
Address:	2101 SW 20TH PLACE	
City-St-Zip:	OCALA, FL 34474	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: RAMULU ELIGETI, M.D. MGRM 04/24/2007

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