

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047636

**FILED
Feb 22, 2010
Secretary of State**

Entity Name: CARDIOVASCULAR INSTITUTE OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

2101 SW 20TH PLACE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2101 SW 20TH PLACE
OCALA, FL 34471

New Mailing Address:

FEI Number: 20-5476847 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PUTZEYS, ROBERT
2101 SW 20TH PLACE
OCALA, FL 34471 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: MCGHEE, J. ROBERT D.O.
Address: 2101 SW 20TH PLACE
City-St-Zip: OCALA, FL 34471

Title: SEC
Name: DAS, CHANDRANATH M.D.
Address: 2101 SW 20TH PLACE
City-St-Zip: OCALA, FL 34471

Title: MGRM
Name: KOKA, VIJAYA M.D.
Address: 2111 SW 20TH PLACE
City-St-Zip: OCALA, FL 34471

Title: MGRM
Name: GUMMADI, SIVA S M.D.
Address: 2111 SW 20TH PLACE
City-St-Zip: OCALA, FL 34471

Title: MGRM
Name: ELIGETI, RAMULU M.D.
Address: 2111 SW 20TH PLACE
City-St-Zip: OCALA, FL 34471

Title: MGRM
Name: RAO, SRISHA M.D.
Address: 2111 SW 20TH PLACE
City-St-Zip: OCALA, FL 34471

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: ROBERT MCGHEE

MGRM

02/22/2010

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