

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047636

FILED
Apr 18, 2011
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:

2111 SW 20TH PLACE
OCALA, FL 34471

Current Mailing Address:

2101 SW 20TH PLACE
OCALA, FL 34471

New Mailing Address:

2111 SW 20TH PLACE
OCALA, FL 34471

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:

WARDLOW, RANDY
2111 SW 20TH PLACE
OCALA, FL 34471 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: RANDY WARDLOW

04/18/2011

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: J. ROBERT MCGHEE DO

MGRM

04/18/2011

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