

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047636

FILED
Mar 21, 2012
Secretary of State

Entity Name: CARDIOVASCULAR INSTITUTE OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

2111 SW 20TH PLACE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2111 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:

WARDLOW, RANDY
2111 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: ELIGETI, RAMULU MD
Address: 2111 SW 20TH PLACE
City-St-Zip: Ocala, FL 34471

Title: SEC
Name: GUMMADI, SIVA S M.D.
Address: 2111 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: 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: RAMULU ELIGETI MD

MGRM

03/21/2012

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