

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90038 025 ****55.00

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1. Entity Name
CENTRAL FLORIDA CARDIOLOGY EQUIPMENT, L.L.C.



Principal Place of Business
**3310 S.W. 34TH STREET
OCALA, FL 34474**

Mailing Address
**3310 S.W. 34TH STREET
OCALA, FL 34474**

60042576



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
33-1148653

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	MGRM	William F. Dresen, MD	3310 SW 34 St	OCALA, FL 34474	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	MGR	Joseph R. Alonso, MD	3310 SW 34 St	OCALA, FL 34474	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	MGR	Jayanti Panchal, MD	3310 SW 34 St	OCALA, FL 34474	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	MGR	ASAD U. QAMAR, MD	3310 SW 34 St	OCALA, FL 34474	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/07

352-873-0767