

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096231

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA ADVANCED CARDIOTHORACIC INSTITUTE, P.L.

**Current Principal Place of Business:**

5 TAMPA GENERAL CIR  
820  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

5 TAMPA GENERAL CIR  
820  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 20-5658353      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SMITH AEBEL, ERIN  
101 EAST KENNEDY BLVD., SUITE 2800  
SHUMAKER, LOOP & KENDRICK, LLP  
TAMPA, FL 33602 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:** CALDEIRA, CHRISTIANO C MGRM  
**Address:** 5 TAMPA GENERAL CIR 820  
**City-St-Zip:** TAMPA, FL 33606

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: CHRISTIANO CALDEIRA      MGR      02/06/2012

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