

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90063 023 ***138.75

DOCUMENT # L06000121953

1. Entity Name

CENTRAL FLORIDA HEART CENTER, L.L.C.



Principal Place of Business

3310 SW 34TH STREET
OCALA, FL 34474

Mailing Address

3310 SW 34TH STREET
OCALA, FL 34474

60007454



01152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3321229

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALONSO, JOSEPH R MD
STREET ADDRESS	3310 SW 34TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	MGR
NAME	DRESEN, WILLIAM F MD
STREET ADDRESS	3310 SW 34TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	MGR
NAME	FERNS, JUSTIN MD
STREET ADDRESS	3310 SW 34TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	MGR
NAME	GUMMADI, SIVA S MD
STREET ADDRESS	3310 SW 34TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	MGR
NAME	MITTAL, VIJAY K MD
STREET ADDRESS	3310 SW 34TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	MGR
NAME	MURTHY, SRINIVASA K MD
STREET ADDRESS	3310 SW 34TH STREET
CITY-ST-ZIP	OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Joseph R Alonso, MD

Date

1/15/08

Daytime Phone #

352-873-0767