# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

08 JUL 17 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000121953

1. Entity Name
CENTRAL FLORIDA HEART CENTER, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 3320 SW 33RD ROAD, SUITE 200<br>OCALA, FL 34474 | 3320 SW 33RD ROAD, SUITE 200<br>OCALA, FL 34474 |

06302008 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| FLEECE, JONATHAN D<br>BLALOCK, WALTERS, HELD & JOHNSON, P.A.<br>802 11TH STREET WEST<br>BRADENTON, FL 34205 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Amended AR is $50.00**

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

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>ALONSO, JOSEPH R MD<br>3310 SW 34TH STREET<br>OCALA, FL 34474 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>Asad Qamar, M.D.<br>3320 S.W. 33rd Road Suite 200<br>Ocala, FL 34474 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>DRESEN, WILLIAM F MD<br>3310 SW 34TH STREET<br>OCALA, FL 34474 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 500133143365<br>07/18/08--01044--014 **50.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>FERNS, JUSTIN MD<br>3310 SW 34TH STREET<br>OCALA, FL 34474 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>GUMMADI, SIVA S MD<br>XXXXXXXXXXXXXXX<br>XXXXXXXXXXXXXXX | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 3320 S.W. 33rd Road Suite 200<br>Ocala, FL 34474 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>MITTAL, VIJAY K MD<br>3310 SW 34TH STREET<br>OCALA, FL 34474 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>MURTHY, SRINIVASA K MD<br>3310 SW 34TH STREET<br>OCALA, FL 34474 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 #