

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121953

FILED
Apr 09, 2009
Secretary of State

Entity Name: INSTITUTE OF CARDIOVASCULAR MEDICINE, L.L.C.

Current Principal Place of Business:

3320 SW 33RD ROAD, SUITE 200
OCALA, FL 34474

New Principal Place of Business:

2930 SE 31ST STREET
OCALA, FL 34471

Current Mailing Address:

3320 SW 33RD ROAD, SUITE 200
OCALA, FL 34474

New Mailing Address:

2930 SE 31ST STREET
OCALA, FL 34471

FEI Number: 59-3321229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THE MILLHORN LAW FIRM, LLC
13710 US HIGHWAY 441, STE. 100
LADY LAKE, FL 32159 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: MGR () Delete
Name: QAMAR, ASAD MD
Address: 3320 SW 33RD ROAD, SUITE 200
City-St-Zip: OCALA, FL 34474

Title: MGR () Delete
Name: NASSER, ALI MD
Address: 3320 SW 33RD ROAD, SUITE 200
City-St-Zip: OCALA, FL 34474

Title: MGR () Delete
Name: FERNS, JUSTIN MD
Address: 3320 SW 33RD ROAD, SUITE 200
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALI NASSER

MGR

04/09/2009

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