

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000121953

**FILED**  
**Jan 22, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

2930 SE 31ST STREET  
OCALA, FL 34471

**New Principal Place of Business:**

3304 SW 34TH CIRCLE  
SUITE 101  
OCALA, FL 34474

**Current Mailing Address:**

2930 SE 31ST STREET  
OCALA, FL 34471

**New Mailing Address:**

P.O. BOX 2050  
OCALA, FL 34478

**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  
Name: JUSTIN, FERNS  
Address: 3304 SW 34TH CIRCLE SUITE 101  
City-St-Zip: Ocala, FL 34474

Title: MGR  
Name: NASSER, ALI MD  
Address: 3304 SW 34TH CIRCLE SUITE 101  
City-St-Zip: Ocala, FL 34474

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: ALI NASSER

MGR

01/22/2010

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