

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121953

FILED
Apr 21, 2012
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:

10435 SE 170TH PLACE
SUMMERFIELD, FL 34491

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: 10435 SE 170TH PLACE
City-St-Zip: SUMMERFIELD, FL 34491

Title: MGR
Name: NASSER, ALI MD
Address: 10435 SE 170TH PLACE
City-St-Zip: SUMMERFIELD, FL 34491

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: JUSTIN FERNS

MGR

04/21/2012

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