

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000067894

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

**Entity Name:** TALLAHASSEE CARDIOLOGY HOLDING, LLC

**Current Principal Place of Business:**

2631 CENTENNIAL BLVD  
SUITE 200  
TALLAHASSEE, FL 32308 05

**New Principal Place of Business:**

**Current Mailing Address:**

2631 CENTENNIAL BLVD  
SUITE 200  
TALLAHASSEE, FL 32308 05

**New Mailing Address:**

**FEI Number:** 26-1362498      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRUTCHFIELD, SANDRA K  
2631 CENTENNIAL BLVD  
SUITE 200  
TALLAHASSEE, FL 32308 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: MGRM  
Name: DANIEL BACHTEL AS TENANTS BY THE ENTIRETY  
Address: 7434 HEARTLAND CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM  
Name: MICHELLE D. BACHTEL TENANT BY THE ENTIRETY  
Address: 7434 HEARTLAND CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM  
Name: JOSEPH C. BAKER AS TENANTS BY THE ENTIRETY  
Address: 1807 OX BOTTOM LANE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM  
Name: NEGHESTY BAKER AS TENANTS BY THE ENTIRETY  
Address: 1807 OX BOTTOM LANE  
City-St-Zip: TALLAHASSEE, FL 32312

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: MICHELLE D. BACHTEL, M.D.

MGRM

02/22/2010

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