

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000080373

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** OUR HEART AND VASCULAR CENTER, LLC

**Current Principal Place of Business:**

13740 OFFICE PARK COURT  
SUITE C  
HUDSON, FL 34667 US

**New Principal Place of Business:**

**Current Mailing Address:**

13740 OFFICE PARK COURT  
SUITE C  
HUDSON, FL 34667 US

**New Mailing Address:**

**FEI Number:** 26-0665339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHALAVARYA, GOPAL  
1510 N. JASMINE AVE  
TARPON SPRINGS, FL 34689 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: CHALAVARYA, GOPAL  
Address: 1510 N.JASMINE AVE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: GOPAL CHALAVARYA

MD

01/18/2011

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