

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104286

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA ADVANCED CARDIOTHORACIC SURGERY LLC

**Current Principal Place of Business:**

4 COLUMBIA DRIVE  
SUITE 820  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

4 COLUMBIA DRIVE  
SUITE 820  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 14-2010042      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AEBEL, ERIN  
101 EAST KENNEDY BLVD.  
SUITE 2800  
TAMPA, FL 33606 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:** SHEFFIELD, CEDRIC M.D.  
**Address:** 4 COLOMBIA DRIVE, SUITE 820  
**City-St-Zip:** TAMPA, FL 33606

**Title:** MGR  
**Name:** CALDEIRA, CHRISTIANO M.D.  
**Address:** 4 COLOMBIA DRIVE, SUITE 820  
**City-St-Zip:** TAMPA, FL 33606

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: CEDRIC SHEFFIELD, M.D.      MGR      03/15/2010

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