

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104286

**FILED  
Jan 04, 2011  
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:**

5 TAMPA GENERAL CIR  
SUITE 820  
TAMPA, FL 33606

**Current Mailing Address:**

4 COLUMBIA DRIVE  
SUITE 820  
TAMPA, FL 33606

**New Mailing Address:**

5 TAMPA GENERAL CIR  
SUITE 820  
TAMPA, FL 33606

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: CALDEIRA, CHRISTIANO M.D.  
Address: 5 TAMPA GENERAL CIR 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: CHRISTIANO CALDEIRA

MGR

01/04/2011

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