

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017728

FILED
Mar 24, 2009
Secretary of State

Entity Name: OCALA HEART CLINIC LLC

Current Principal Place of Business:

3310 SW 34TH STREET
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

3310 SW 34TH STREET
OCALA, FL 34474

New Mailing Address:

FEI Number: 26-1985773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALONSO, JOSEPH R
3310 SW 34TH STREET
OCALA, FL 34474 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 () Delete
Name: ALONSO, JOSEPH R MD
Address: 3310 SW 34TH STREET
City-St-Zip: OCALA, FL 34474

Title: MGRM () Delete
Name: DRESEN, WILLIAM F MD
Address: 3310 SW 34TH STREET
City-St-Zip: OCALA, FL 34474

Title: MGRM () Delete
Name: MITTAL, VIJAY MD
Address: 3310 SW 34TH STREET
City-St-Zip: OCALA, FL 34474

Title: MGRM () Delete
Name: RAI, SWAROOP MD
Address: 3310 SW 34TH STREET
City-St-Zip: OCALA, FL 34474

Title: MGRM () Delete
Name: STONE, IRA M MD
Address: 3310 SW 34TH STREET
City-St-Zip: OCALA, FL 34474

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: CACODCAR, SUREXA S MD
Address: 3310 SW 34TH STREET
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOSEPH R. ALONSO, MD

MGRM

03/24/2009

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