

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023718

FILED
Mar 24, 2009
Secretary of State

Entity Name: OCALA HEART CLINIC II, 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: 26-2131291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANCILIA, JOHN R ESQ.
1800 W. HIBISCUS BLVD., SUITE 138
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

KANCILIA, JOHN R ESQ.
1795 WEST NASA BOULEVARD
MELBOURNE, FL 32901 US

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: JOHN KANCILIA

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALONSO, JOSEPH R M.D.
Address: 3310 SW 34TH STREET
City-St-Zip: OCALA, FL 34474

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

Title: MGR () Delete
Name: MITTAL, VIJAY M.D.
Address: 3310 SW 34TH STREET
City-St-Zip: OCALA, FL 34474

Title: MGR () Delete
Name: RAI, SWAROOP M.D.
Address: 3310 SW 34TH STREET
City-St-Zip: OCALA, FL 34474

Title: MGR () Delete
Name: STONE, IRA M M.D.
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: MGR () Change (X) Addition
Name: CACODCAR, SUREXA S M.D.
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: WILLIAM F. DRESEN, M.D.

MGR

03/24/2009

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