

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023718

FILED
Jan 06, 2010
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.
1795 WEST NASA BOULEVARD
MELBOURNE, FL 32901 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: ALONSO, JOSEPH R M.D.
Address: 3310 SW 34TH STREET
City-St-Zip: OCALA, FL 34474

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

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

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

Title: MGR
Name: STONE, IRA M M.D.
Address: 3310 SW 34TH STREET
City-St-Zip: OCALA, FL 34474

Title: MGR
Name: CACODCAR, SUREXA S M.D.
Address: 3310 SW 34TH STREET
City-St-Zip: OCALA, FL 34474

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: WILLIAM F. DRESEN, MD

MGR

01/06/2010

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