

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000118017

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

**Entity Name:** HEART DOCTORS OF OCALA, LLC

**Current Principal Place of Business:**

9401 SW HWY 200 BUILDING 600  
SUITE 6003  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

9401 SW HWY 200 BUILDING 600  
SUITE 6003  
OCALA, FL 34481

**New Mailing Address:**

2930 SE 31ST STREET  
OCALA, FL 34471

**FEI Number:** 80-0327634

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DABIRI-NASSER, SANAZ SONYA  
2930 SE 31ST STREET  
OCALA, FL 34471 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  
**Name:** NASSER, ALI MD  
**Address:** 2930 SE 31ST STREET  
**City-St-Zip:** OCALA, FL 34471

**Title:** MGRM  
**Name:** FERNS, JUSTIN MD  
**Address:** 2930 SE 31ST STREET  
**City-St-Zip:** OCALA, FL 34471

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:** ALI NASSER

MGR

01/20/2010

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