

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000012368

FILED
Mar 09, 2011
Secretary of State

Entity Name: FLORIDA PHYSICIAN MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

1511 SW 1ST AVENUE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

PO BOX 3130
OCALA, FL 34478

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, JOSE H JR, ESQ
4 SOUTHEAST BROADWAY 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: OCALA HEART INSTITUTE, INC.
Address: 1511 SW 1ST AVENUE
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: R. DUANE COOK, M.D.

PRES

03/09/2011

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