

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000035630

FILED  
Feb 13, 2012  
Secretary of State

**Entity Name:** KARI KARDIO FORT MYERS, LLC

**Current Principal Place of Business:**

1900 TRAILWINDS DRIVE  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

1222 TWIN PALM DRIVE  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 26-4654307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FUNDINGSLAND, KARI  
1222 TWIN PALM DRIVE  
FORT MYERS, FL 33919 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: FUNDINGSLAND, KARI  
Address: 1222 TWIN PALM DRIVE  
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGR  
Name: SULLIVAN, JUDY  
Address: 1222 TWIN PALM DR  
City-St-Zip: FT MYERS, FL 33919

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: KARI FUNDINGSLAND/KARI FUNDINGSLAND

MG

02/13/2012

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