

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040899

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Entity Name:** HEART DOCTORS REALESTATE LLC

**Current Principal Place of Business:**

2930 SE 31ST STREET  
OCALA, FL 34471

**New Principal Place of Business:**

3304 SW 34TH CIRCLE  
SUITE 101  
OCALA, FL 34474

**Current Mailing Address:**

2930 SE 31ST STREET  
OCALA, FL 34471

**New Mailing Address:**

P.O. BOX 1180  
OCALA, FL 34478

**FEI Number:**

**FEI Number Applied For (X)**

**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:**

POPE, TODD ESQUIRE  
13710 N US HIGHWAY 441, SUITE 100  
THE VILLAGES, FL 34491 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: TODD POPE

04/08/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NASSER, ALI MD  
Address: 9401 SW HWY 200 BLDG 6000 SUITE 6003  
City-St-Zip: OCALA, FL 34481

Title: MGR  
Name: FERNS, JUSTIN MD  
Address: 10435 SE 170TH PLACE  
City-St-Zip: SUMMERFIELD, FL 34491

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

04/08/2012

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