

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000080801

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA CARDIOVASCULAR CO-MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

600 EAST DIXIE AVENUE  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 EAST DIXIE AVENUE  
LEESBURG, FL 34748 US

**New Mailing Address:**

**FEI Number:** 27-0781065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAUN, PHILIP J  
301 W OAK TERRACE DRIVE  
SUITE 102  
LEESBURG, FL 34748 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:** LEESBURG REGIONAL MEDICAL CENTER, INC.  
**Address:** 600 EAST DIXIE AVENUE  
**City-St-Zip:** LEESBURG, FL 34748 US

**Title:** MGRM  
**Name:** THE VILLAGES TRI-COUNTY MEDICAL CTR, INC.  
**Address:** 1451 EL CAMINO REAL  
**City-St-Zip:** THE VILLAGES, FL 32159 US

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:** PHILIP BRAUN, VP LEESBURG REGIONAL MEDICAL

VP

01/06/2010

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