

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000080801

FILED
Apr 10, 2012
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 WEST OAK TERRACE DRIVE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

BRAUN, PHILIP J
600 EAST DIXIE AVENUE
LEESBURG, FL 34748 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: PHILIP J. BRAUN

04/10/2012

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 J. BRAUN

RA

04/10/2012

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