

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000089385

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** TAMPA CARDIAC SPECIALISTS, LLC

**Current Principal Place of Business:**

4211 VAN DYKE ROAD  
ST. JOSEPH'S HOSPITAL-NORTH, SUITE 205  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 18036  
TAMPA, FL 336798036

**New Mailing Address:**

**FEI Number:** 27-0984394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AEBEL, ERIN SMITH ESQ  
SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BOULEVARD, SUITE 2800  
TAMPA, FL 33602 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: MGR  
Name: MAKATI, KEVIN J M.D.  
Address: 4211 VAN DYKE ROAD, 2ND FL E, SUITE 205  
City-St-Zip: LUTZ, FL 33558

Title: MGR  
Name: PASTORE, CHRISTOPHER J M.D.  
Address: 4211 VAN DYKE ROAD, 2ND FL E, SUITE 205  
City-St-Zip: LUTZ, FL 33558

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: KEVIN J. MAKATI

MGRM

03/20/2012

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