2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2011
Secretary of State

DOCUMENT# L10000000321

Entity Name: CARDIOVASCULAR INSTITUTE OF ORLANDO, PLLC

Current Principal Place of Business:

5540 E. GRANT STREET STE B
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

PO BOX 781729
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 27-1588839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DARA, SUVARCHALA D
2626 TETON STONE RUN
ORLANDO, FL 32828 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: DARA, SUVARCHALA D
Address: 2626 TETON STONE RUN
City-St-Zip: ORLANDO, FL 32828

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 Statues.

SIGNATURE: SUVARCHALA DARA MGRM 05/05/2011

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