

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000029873

FILED
Feb 15, 2011
Secretary of State

Entity Name: FLORIDA CARDIOLOGY ASSOCIATES OF OCALA LLC

Current Principal Place of Business:

40 SW 12TH STREET
SUITE A
OCALA, FL 34471

New Principal Place of Business:

40 SW 12TH STREET
SUITE A201
OCALA, FL 34471

Current Mailing Address:

P O BOX 3688
OCALA, FL 34478

New Mailing Address:

FEI Number: 27-2133660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, SHARON
501 SW 96TH LANE
OCALA, FL 34476 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: TORRES, RAMON L
Address: P O BOX 3688
City-St-Zip: OCALA, FL 34478

Title: MGRM
Name: TORRES, SHARON
Address: P O BOX 3688
City-St-Zip: OCALA, FL 34478

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: SHARON TORRES

MGRM

02/15/2011

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