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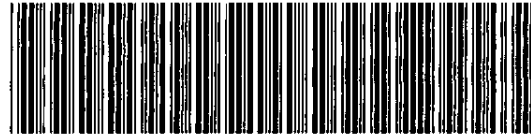
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J. BRYAN

JAN 11 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Central Florida Cardiology & Vascular Center, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vinnie Arora

Name of Person

Firm/Company

7232 W. Sand Lake Road, Ste 103

Address

Orlando, FL 32819

City/State and Zip Code

info@varoracpa.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Vinnie Arora

Name of Person

at ( 407 )

248-9677

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Central Florida Cardiology & Vascular Center, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The mailing address and street address of the of the initial registered office and

and street address of the principal office of the Limited Liability Company was

incorrectly stated. The correct address is:

1815 Salk Avenue, Tavares, FL 32778

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: 01/07/2011

K. Prabhakarababu

Signature of a member or authorized representative of a member

PRABHAKARA. BABU. KUNAMNENI

Typed or printed name of signée

**FILED**  
JAN 10 PM 2:37  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION  
OF  
CENTRAL FLORIDA CARDIOLOGY & VASCULAR CENTER, LLC**

The undersigned, who are the duly licensed doctors of medicine in the State of Florida and desiring to form a professional limited liability company in accordance with the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act, does hereby adopt the following Articles of Organization for the Limited Liability Company:

**FIRST:** The name of the Limited Liability Company is CENTRAL FLORIDA CARDIOLOGY & VASCULAR CENTER, LLC

**SECOND:** The Limited Liability is organized for the purpose of engaging in the practice of medicine and to take all actions necessary or proper in connection with such practice.

**THIRD:** The mailing address and street address of the principal office of the Limited Liability Company is 1819 Salk Ave, Ste # 1, Tavares, FL 32778.

**FOURTH:** The street address of the initial registered office of the Limited Liability Company in Florida is 1819 Salk Ave, Ste # 1, Tavares, FL 32778 and the name of the initial registered agent of the Limited Liability Company in Florida at that address is Prabhakara B. Kunamneni.

**FIFTH:** The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members is:

Dr. Prabhakara B. Kunamneni (MGRM)  
1819 Salk Ave  
Ste # 1  
Tavares, FL 32778

**FIFTH:** The Limited Liability Company is to be managed by the Members.

**IN WITNESS WHEREOF,** the Members have executed and acknowledged these Articles of Organization on January 3, 2011.

K. Prabhakara B. Kunamneni  
Prabhakara B. Kunamneni

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TALLAHASSEE, FLORIDA

**CONSENT TO APPOINTMENT  
BY REGISTERED AGENT**

I, having been named as Registered Agent for CENTRAL FLORIDA CARDIOLOGY  
& VASCULAR CENTER, LLC  
hereby voluntarily consent to serve as Registered Agent for CENTRAL FLORIDA  
CARDIOLOGY & VASCULAR CENTER, LLC

I know and understand the duties and responsibilities of a Registered Agent as set forth in  
the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those  
duties and responsibilities.

Dated: January 3, 2011

k. prabhakarababu.  
Prabhakara B. Kunamneni

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