2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2012
Secretary of State

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Entity Name: CENTRAL FLORIDA CARDIOLOGY & VASCULAR CENTER, LLC

Current Principal Place of Business:

1815 SALK AVENUE
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

1815 SALK AVENUE
TAVARES, FL 32778

New Mailing Address:

P O BOX 1289
TAVARES, FL 32778

FEI Number: 27-4438742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUNAMNENI, PRABHAKARA B DR.
1815 SALK AVENUE
TAVARES, FL 32778 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: KUNAMNENI, PRABHAKARA B DR.
Address: 1815 SALK AVENUE
City-St-Zip: TAVARES, FL 32778

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: PRABHAKARA KUNAMNENI, MD MGR 03/14/2012

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