

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000018339

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** CARDIOLOGY ASSOCIATES OF CENTRAL FLORIDA, PLLC

**Current Principal Place of Business:**

2101 SW 20TH PLACE  
OCALA, FL 34474

**New Principal Place of Business:**

2101 SW 20TH PLACE  
OCALA, FL 34471 UN

**Current Mailing Address:**

2101 SW 20TH PLACE  
OCALA, FL 34474

**New Mailing Address:**

2101 SW 20TH PLACE  
OCALA, FL 34471 UN

**FEI Number:** 27-4989987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCGHEE, J. ROBERT D.O.  
2101 SW 20TH PLACE  
OCALA, FL 34474 US

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

MCGHEE, J. ROBERT D.O.  
2101 SW 20TH PLACE  
OCALA, FL 34471 US

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:

01/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DAS, CHANDRANATH M.D.  
Address: 2101 SW 20TH PLACE  
City-St-Zip: OCALA, FL 34471 UN

Title: MGRM  
Name: MCGHEE, J. ROBERT M.D.  
Address: 2101 SW 20TH PLACE  
City-St-Zip: OCALA, FL 34471 UN

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: J. ROBERT MCGHEE, D.O.

MGRM

01/04/2012

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