

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000021142

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** PREMIER CARDIOLOGY & VASCULAR ASSOCIATES, LLC

**Current Principal Place of Business:**

9347 CHARLES E. LIMPUS ROAD  
ORLANDO, FL 32836

**New Principal Place of Business:**

1555 HOWELL BRANCH ROAD  
SUITE B2  
WINTER PARK, FL 32789

**Current Mailing Address:**

9347 CHARLES E. LIMPUS ROAD  
ORLANDO, FL 32836

**New Mailing Address:**

**FEI Number:** 27-5062262      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PARIKH, AMISH M  
9347 CHARLES E. LIMPUS ROAD  
ORLANDO, FL 32836 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:** MGR  
**Name:** PARIKH, AMISH M  
**Address:** 9347 CHARLES E. LIMPUS ROAD  
**City-St-Zip:** ORLANDO, FL 32836

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: AMISH M. PARIKH

MGR

03/20/2012

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