

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000067145

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** CARDIOVASCULAR CONSULTANTS OF ST. AUGUSTINE, P.L.

**Current Principal Place of Business:**

300 HEALTH PARK BLVD. SUITE 5010  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

3501B NORTH PONCE DE LEON BLVD.  
PMB-392  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 20-1708918      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CONTEGA BUSINESS SERVICES, LLC  
ONE INDEPENDENT DRIVE SUITE 1200  
JACKSONVILLE, FL 32202 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:** TUTAR, ALI M.D.  
**Address:** 300 HEALTH PARK BLVD. SUITE 5010  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

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: ALI TUTAR, M.D.

MGR

05/01/2012

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