

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000141379

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

**Entity Name:** PINE ISLAND CARDIOVASCULAR CENTER, L.L.C.

**Current Principal Place of Business:**

2941 BOWSPRIT LANE  
ST. JAMES CITY, FL 33956

**New Principal Place of Business:**

**Current Mailing Address:**

10575 SOUTHWEST 58TH STREET  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

FERNANDEZ, CARMEN C M.D.  
10575 SOUTHWEST 58TH STREET  
MIAMI, FL 33173 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: SANTO-TOMAS, MINERVA  
Address: 10575 SOUTHWEST 58TH STREET  
City-St-Zip: MIAMI, FL 33173

Title: MGRM  
Name: FERNANDEZ, CARMEN C  
Address: 10575 SOUTHWEST 58TH STREET  
City-St-Zip: MIAMI, FL 33173

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: MINERVA SANTO-TOMAS

MGRM

04/20/2012

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