

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002070

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** LEESBURG CARDIOVASCULAR ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

1511 S.W. FIRST AVENUE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

PO DRAWER 3130  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 65-1080050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORTES, JOSE ESQ  
BLANCHARD, MERRIAM, ADEL & KIRKLAND, PA  
4 SE BROADWAY  
OCALA, FL 34471 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: GRP  
Name: FLORIDA HEART AND VASCULAR SURGEONS, P.A.  
Address: 1511 S.W. FIRST AVENUE  
City-St-Zip: Ocala, FL 34471

Title: PRES  
Name: COOK, R DUANE M.D.  
Address: 1511 SW 1ST AVE  
City-St-Zip: Ocala, FL 34471 US

Title: SEC  
Name: STOCKMAN, FRANCES F  
Address: 1511 SW 1ST AVE  
City-St-Zip: Ocala, FL 34471 US

Title: P  
Name: MOORE, WISTAR MD  
Address: 1511 SW 1ST AVE  
City-St-Zip: Ocala, FL 34471 US

Title: P  
Name: RICHARDSON, ROBERT M.D.  
Address: 1511 SW 1ST AVE  
City-St-Zip: Ocala, FL 34471

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: R DUANE COOK, M.D.

PRES

04/03/2012

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