2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# L98000002642

Entity Name: LEESBURG-OCALA HEART INSTITUTE BUILDING, L.L.C.

Current Principal Place of Business:

1511 S.W. FIRST AVENUE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 3130
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3545910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORTES, JOSE H ESQ.
BLANCHARD, MERRIAM, ADEL & KIRKLAND, PA
4 SE BROADWAY STREET
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:	MGR	( ) Delete
Name:	KUYKENDALL, R. CRAIG M.D.	
Address:	1511 S.W. FIRST AVENUE	
City-St-Zip:	OCALA, FL 34474	
Title:	MGR	( ) Delete
Name:	GALAT, JOHN A	
Address:	1511 SW 1ST AVE	
City-St-Zip:	OCALA, FL 34474	
Title:	MGR	( ) Delete
Name:	LAMMERMEIER, DAVID E	
Address:	1511 SW 1ST AVE	
City-St-Zip:	OCALA, FL 34474	
Title:	MGR	( ) Delete
Name:	COOK, DUANE R	
Address:	1511 SW 1ST AVE	
City-St-Zip:	OCALA, FL 34474	
Title:	MGR	( ) Delete
Name:	CHUNG, PETER S	
Address:	1511 SW 1ST AVENUE	
City-St-Zip:	OCALA, FL 34474	
Title:	MGR	( ) Delete
Name:	RICHARDSON, ROBERT J	
Address:	1511 SW 1ST AVENUE	
City-St-Zip:	OCALA, FL 34474	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DUANE R COOK DR 04/21/2008

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