

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002642

FILED
Apr 03, 2012
Secretary of State

Entity Name: LEESBURG-OCALA HEART INSTITUTE BUILDING, 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: 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
Name: COOK, R. DUANE M.D.
Address: 1511 S.W. FIRST AVENUE
City-St-Zip: Ocala, FL 34471

Title: MGR
Name: GALAT, JOHN A M.D.
Address: 1511 SW 1ST AVE
City-St-Zip: Ocala, FL 34471

Title: MGR
Name: LAMMERMEIER, DAVID E M.D.
Address: 1511 SW 1ST AVE
City-St-Zip: Ocala, FL 34471

Title: MGR
Name: KUYKENDALL, R.CRAIG M.D.
Address: 1511 SW 1ST AVE
City-St-Zip: Ocala, FL 34471

Title: MGR
Name: CHUNG, PETER S M.D.
Address: 1511 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34471

Title: MGR
Name: RICHARDSON, ROBERT J M.D.
Address: 1511 SW 1ST AVENUE
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.

MGR

04/03/2012

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