

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001512

FILED
Apr 27, 2012
Secretary of State

Entity Name: THE CARDIOVASCULAR INSTITUTE, LLC

Current Principal Place of Business:

483 N. SEMORAN BLVD
SUITE 205
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

483 N. SEMORAN BLVD
SUITE 205
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 20-8398585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRWAN, ADAM O
390 NORTH ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801 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: HEALTH CARE SERVICES OF FLORIDA, LLC
Address: 483 N. SEMORAN BLVD, SUITE 205
City-St-Zip: WINTER PARK, FL 32792

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: JEFFREY L. GEORGE

CONT

04/27/2012

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