

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003254

Entity Name: OCALA HEART INSTITUTE BUILDING, L.L.C.**Current Principal Place of Business:**1511 S.W. FIRST AVENUE
SUITE 100
OCALA, FL 34471**Current Mailing Address:**PO DRAWER 3130
OCALA, FL 34478**FEI Number:** 59-3124540**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEAD, ROBERT W JR.
DEAN MEAD
800 N. MAGNOLIA AVE SUITE 1500
ORLANDO, FL 32803 US*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:** ROBERT MEAD

02/17/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KUYKENDALL, R. CRAIG DR.
Address 1511 S.W. FIRST AVENUE
SUITE 100
City-State-Zip: Ocala FL 34471

Title MGR
Name GALAT, JOHN A. DR.
Address 1511 S.W. FIRST AVENUE
SUITE 100
City-State-Zip: Ocala FL 34471

Title MGR
Name LAMMERMEIER, DAVID E. DR.
Address 1511 S.W. FIRST AVENUE
SUITE 100
City-State-Zip: Ocala FL 34471

Title MGR
Name CHUNG, S. PETER DR.
Address 1511 S.W. FIRST AVENUE
SUITE 100
City-State-Zip: Ocala FL 34471

Title MGR
Name COOK, R. DUANE DR.
Address 1511 S.W. FIRST AVENUE
SUITE 100
City-State-Zip: Ocala FL 34471

Title MANAGER
Name MOORE, WISTAR T DR.
Address 1511 S.W. FIRST AVENUE
SUITE 100
City-State-Zip: Ocala FL 34471

Title MANAGER
Name RICHARDSON, ROBERT J DR.
Address 1511 S.W. FIRST AVENUE
SUITE 100
City-State-Zip: Ocala FL 34471

Title MANAGER
Name CROUCH, F. MICHAEL DR.
Address 1511 S.W. FIRST AVENUE
SUITE 100
City-State-Zip: Ocala FL 34471

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I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR. R DUANE COOK

MANAGER

02/17/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name DAYO, MATEO D DR.
Address 1511 S.W. FIRST AVENUE
 SUITE 100
City-State-Zip: OCALA FL 34471

Title MANAGER
Name EVANS, DAVID K DR.
Address 1511 S.W. FIRST AVENUE
 SUITE 100
City-State-Zip: OCALA FL 34471

Title MANAGER
Name FONG, JONATHAN C DR.
Address 1511 S.W. FIRST AVENUE
 SUITE 100
City-State-Zip: OCALA FL 34471

Title MANAGER
Name DODD, DAVID J DR.
Address 1511 S.W. FIRST AVENUE
 SUITE 100
City-State-Zip: OCALA FL 34471