2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2018
Secretary of State
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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:

700 DOCTORS COURT
LEESBURG, FL 34748 US

FEI Number: 59-3124540

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEAD, ROBERT W JR.
DEAN MEAD
420 S. ORANGE AVE SUITE 700
ORLANDO, FL 32801 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 04/23/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	KUYKENDALL, R. CRAIG DR.	Name	GALAT, JOHN A. DR.
Address	1511 S.W. FIRST AVENUE SUITE 100	Address	1511 S.W. FIRST AVENUE SUITE 100
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	MGR	Title	MGR
Name	LAMMERMEIER, DAVID E. DR.	Name	CHUNG, S. PETER DR.
Address	1511 S.W. FIRST AVENUE SUITE 100	Address	1511 S.W. FIRST AVENUE SUITE 100
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	MGR	Title	MANAGER
Name	COOK, R. DUANE DR.	Name	MOORE, WISTAR T DR.
Address	1511 S.W. FIRST AVENUE SUITE 100	Address	1511 S.W. FIRST AVENUE SUITE 100
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	MANAGER	Title	MANAGER
Name	RICHARDSON, ROBERT J DR.	Name	CROUCH, F. MICHAEL DR.
Address	1511 S.W. FIRST AVENUE SUITE 100	Address	1511 S.W. FIRST AVENUE SUITE 100
City-State-Zip:	OCALA FL 34471	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: R. DUANE COOK PRES 04/23/2018

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	FONG, JONATHAN C 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	DODD, DAVID J DR.
Address	1511 S.W. FIRST AVENUE SUITE 100
City-State-Zip:	OCALA FL 34471