2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2015
Secretary of State
CC6601567014

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:

CORTES, JOSE ESQ.
BLANCHARD, MERRIAM, ADEL & KIRKLAND, PA
4 SE BROADWAY
OCALA, FL 34471 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	KUYKENDALL, CRAIG MD	Name	GALAT, JOHN M.D.
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 MD	Name	CHUNG, S. PETER M.D.
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		
Name	COOK, R. DUANE M.D.		
Address	1511 S.W. FIRST AVENUE SUITE 100		
City-State-Zip:	OCALA FL 34471		

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 MGR 03/10/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date