

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000089405

**Entity Name:** CLEARWATER CARDIOVASCULAR PROPERTIES BARDMOOR  
I, LLC

**FILED**  
**Apr 10, 2014**  
**Secretary of State**  
**CC3611975787**

**Current Principal Place of Business:**

455 PINELLAS STREET, SUITE 400  
CLEARWATER, FL 33756

**Current Mailing Address:**

455 PINELLAS STREET, SUITE 400  
CLEARWATER, FL 33756

**FEI Number:** 20-3700725

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANGELICI, LINA ESQ  
WILLIAMS SCHIFINO MANGIONE & STEADY, P.A.  
ONE TAMPA CITY CENTER, SUITE 2600  
TAMPA, FL 33602 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 MGRM  
Name SIMMONS, FREDERIC R  
Address 455 PINELLAS ST., SUITE 400  
City-State-Zip: CLEARWATER FL 33756

*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:** FREDERIC R. SIMMONS, JR

MGRM

04/10/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date