

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000041697

**Entity Name:** ORLANDO CARDIOLOGY, LLC

**Current Principal Place of Business:**

8130 LAKE SERENE DRIVE  
ORLANDO, FL 32836

**Current Mailing Address:**

8130 LAKE SERENE DRIVE  
ORLANDO, FL 32836

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

SOMPALLI, VINEEL  
8130 LAKE SERENE DRIVE  
ORLANDO, FL 32836 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            PRES  
Name            SOMPALLI, VINEEL  
Address        8130 LAKE SERENE DRIVE  
City-State-Zip: ORLANDO FL 32836

*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:** VINEEL SOMPALLI

**PRESIDENT**

**04/30/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date