

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000061456

Entity Name: FLORIDA HEART & VASCULAR CARE, PLLC

Current Principal Place of Business:

146 PALM COAST RESORT BLVD, #806
PALM COAST, FL 32137

Current Mailing Address:

146 PALM COAST RESORT BLVD, #806
PALM COAST, FL 32137

FEI Number: 45-5239582

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PASCOE, BEVERLY
1301 RIVERPLACE BLVD
STE 1500
JACKSONVILLE, FL 32207 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 THEILADE, KAREN C
Address 620 PALENCIA CLUB DR STE 101
City-State-Zip: ST AUGUSTINE FL 32095

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN C. THEILADE

MGRM

03/01/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date