2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: BRADENTON CARDIOLOGY CENTER, P.A.

Current Principal Place of Business:

316 MANATEE AVE. W.
BRADENTON, FL 34205

Current Mailing Address:

316 MANATEE AVE. W.
BRADENTON, FL 34205

FEI Number: 59-2440279

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PARENT, EUGENE M DR.
316 MANATEE AVE W
BRADENTON, FL 34205 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: EUGENE M PARENT, MD 04/08/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DR.
Name	MONTALVO, ALBERTO E
Address	316 MANATEE AVE. W.
City-State-Zip:	BRADENTON FL 34205

Title	DR.
Name	LIPSKIND, BRUCE R
Address	316 MANATEE AVE. W
City-State-Zip:	BRADENTON FL 34205

Title	DR
Name	PARENT, EUGENE M
Address	316 MANATEE AVE W
City-State-Zip:	BRADENTON FL 34205

Title	DR
Name	MATHEWS, SANTHOSH J
Address	316 MANATEE AVE W
City-State-Zip:	BRADENTON FL 34205

Title	DR.
Name	THOMAS, GEORGE
Address	316 MANATEE AVE. W.
City-State-Zip:	BRADENTON FL 34205

Title	DR.
Name	ROTHFELD, JEFFREY M
Address	316 MANATEE AVE. W
City-State-Zip:	BRADENTON FL 34205

Title	DR
Name	IYENGAR, SRINIVAS
Address	316 MANATEE AVE W
City-State-Zip:	BRADENTON FL 34205

Title	DR
Name	FRIEDMAN, DANIEL E
Address	316 MANATEE AVE W
City-State-Zip:	BRADENTON FL 34205

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EUGENE M PARENT DR 04/08/2016

Electronic Signature of Signing Officer/Director Detail — Date