

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000043613

**Entity Name:** NAPLES CARDIAC AND ENDOVASCULAR CENTER, P.A.

**Current Principal Place of Business:**

1168 GOODLETTE FRANK RD N  
NAPLES, FL 34102-5451

**Current Mailing Address:**

1168 GOODLETTE FRANK RD N  
NAPLES, FL 34102-5451 US

**FEI Number:** 20-2547273

**Certificate of Status Desired:** Yes

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

ATTORNEY LINDA R. MINCK  
5629 STRAND BLVD.  
SUITE 405  
NAPLES, FL 34119 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:** LINDA MINCK

04/06/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                           |                 |                           |
|-----------------|---------------------------|-----------------|---------------------------|
| Title           | PD                        | Title           | DST                       |
| Name            | JAVIER, JULIAN J          | Name            | PEREZ, LEANDRO            |
| Address         | 1168 GOODLETTE FRANK RD N | Address         | 1168 GOODLETTE FRANK RD N |
| City-State-Zip: | NAPLES FL 34102-5451      | City-State-Zip: | NAPLES FL 34102-5451      |

*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:** JULIAN J JAVIER

**PRESIDENT**

04/06/2022

Electronic Signature of Signing Officer/Director Detail

Date