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: DINESH PUBBI

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	PD	Title	OFFICER, DIRECTOR
Name	BLUMENTHAL, DAN	Name	CARACCIOLO, VINCENT
Address	345 PARK AVE S 12TH FLOOR	Address	3901 UNIVERSITY BLVD SOUTH 221
City-State-Zip:	NEW YORK NY 10010	City-State-Zip:	JACKSONVILLE FL 32216
Title	OFFICER, DIRECTOR	Title	OFFICER. DIRECTOR
Name	PUBBI, DINESH		,
		Name	SANGHVI, NEIL
Address	3901 UNIVERSITY BLVD SOUTH 221	Address	3901 UNIVERSITY BLVD SOUTH 221
City-State-Zip:	JACKSONVILLE FL 32216	City Chata Zin	
		City-State-Zip:	JACKSONVILLE FL 32216

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000065181

Entity Name: FIRST COAST HEART & VASCULAR CENTER, P.A.

Current Principal Place of Business:

3901 UNIVERSITY BLVD SOUTH SUITE 221 JACKSONVILLE, FL 32216

Current Mailing Address:

200 5TH AVE., SUITE 4020 WALTHAM, MA 02451 US

FEI Number: 46-0692160

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

FILED Apr 10, 2024 Secretary of State 8449140820CC

04/10/2024 Date