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: MARK BORENSTEIN MD	PRESIDENT	01/22/2021

DOCUMENT# P16000060787

Entity Name: CARDIOVASCULAR AND INTERVENTIONAL ASSOCIATES, P.A.

Current Principal Place of Business:

2400 E. COMMERCIAL BOULEVARD 905 FORT LAUDERDALE, FL 33308

Current Mailing Address:

2400 E. COMMERCIAL BOULEVARD 905 FORT LAUDERDALE, FL 33308

FEI Number: 81-3381043

Name and Address of Current Registered Agent:

KANE, PAMELA M 2400 E. COMMERCIAL BOULEVARD 905 FORT LAUDERDALE, FL 33308 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

Officer/Director Detail :

TitlePNameBORENSTEIN, MARK DR.Address2400 E. COMMERCIAL BOULEVARDCity-State-Zip:FORT LAUDERDALE FL 33308

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

Date

FILED Jan 22, 2021 Secretary of State 2488797032CC

Date