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

SIGNATURE: VINEEL SOMPALLI

DOCUMENT# L04000077995

Entity Name: ORLANDO HEART & VASCULAR CENTER, LLC

Current Principal Place of Business:

11616 LAKE UNDERHILL ROAD SUITE # 215 ORLANDO, FL 32825

Current Mailing Address:

11616 LAKE UNDERHILL ROAD SUITE # 215 ORLANDO, FL 32825

FEI Number: 20-1847055

Name and Address of Current Registered Agent:

SOMPALLI, VINEEL 5067 LATROBE DRIVE WINDERMERE, FL 34786 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

Authorized Person(s) Detail :

PRES Title SOMPALLI, VINEEL MD Name 5067 LATROBE DRIVE Address City-State-Zip: WINDERMERE FL 34786

PRESIDENT/OWNER

05/01/2017 Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

FILED May 01, 2017 Secretary of State CC2613662814