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. 04/05/2016 PD

SIGNATURE: ILDEFONSO J. MAS MD Electronic Signature of Signing Authorized Person(s) Detail

3181 CORAL WAY

FEI Number: 26-4225154

Name and Address of Current Registered Agent:

MAS, ILDEFONSO J 3181 CORAL WAY **5TH FLOOR** MIAMI, FL 33145 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 :			
Title	PD	Title	VP
Name	MAS, ILDEFONSO J	Name	MAS, RAFAEL J
Address	3181 CORAL WAY 5TH FLOOR	Address	3181 CORAL WAY 5TH FLOOR
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33145

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0900009848

Entity Name: MIAMI CARDIOVASCULAR SERVICES, LLC

Current Principal Place of Business:

3181 CORAL WAY **5TH FLOOR** MIAMI, FL 33145

Current Mailing Address:

5TH FLOOR MIAMI, FL 33145

Certificate of Status Desired: No

FILED Apr 05, 2016 Secretary of State CC9471320264

Date

Date