

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000000300

Entity Name: SHACHTER CARDIOLOGY, LLC

Current Principal Place of Business:

15300 JOG ROAD
SUITE 202
DELRAY BEACH, FL 33446

Current Mailing Address:

15300 JOG ROAD
SUITE 202
DELRAY BEACH, FL 33446 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, DOUGLAS A
11248 WESTLAND CIR
BOYNTON BEACH, FL 33437 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

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name SHACHTER, NEIL S
Address 22246 HOLLYHOCK TRAIL
City-State-Zip: BOCA RATON FL 33433

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: NEIL S SHACHTER

MGRM

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date