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.

MGR

SIGNATURE: DAVID S SCHREIBMAN

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SCHREIBMAN, DAVID SM.D.	Name	MOLLOD, MICHAEL M.D.
Address	1950 ARLINGTON ST. STE. 400	Address	1950 ARLINGTON ST. STE. 400
City-State-Zip:	SARASOTA FL 34239	City-State-Zip:	SARASOTA FL 34239

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.

DOCUMENT# L10000074272

Entity Name: ARLINGTON CARDIOLOGY HOLDINGS, LLC

Current Principal Place of Business:

1950 ARLINGTON STREET SUITE 400 SARASOTA, FL 34239

Current Mailing Address:

1950 ARLINGTON STREET SUITE 400 SARASOTA, FL 34239 US

FEI Number: 27-3306202

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SHEA, JOHN J 269 S. OSPREY AVE., STE. 100 SARASOTA, FL 34236 US

SIGNATURE:

Date

Date

Certificate of Status Desired: No

FILED Jan 17, 2020 Secretary of State 7779575893CC