## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000135832

Entity Name: MPM CARDIOLOGY SERVICES, LLC

**Current Principal Place of Business:** 

300 S. PARK PLACE BLVD.

SUITE 180

CLEARWATER, FL 33759

**Current Mailing Address:** 

300 S. PARK PLACE BLVD.

**SUITE 180** 

CLEARWATER, FL 33759 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIZER, SCOTT A ATTENTION: LEGAL SERVICES DEPARTMENT 2985 DREW STREET CLEARWATER, FL 33759 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: SCOTT A. KIZER 04/23/2015

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail :

Title D Title D

Name TREMONTI, CARL Name GALDIERI, LOU

Address 300 S. PARK PLACE BLVD. Address 300 S. PARK PLACE BLVD.

SUITE 180 SUITE 180

City-State-Zip: CLEARWATER FL 33759 City-State-Zip: CLEARWATER FL 33759

Title D Title D

Name WATERS, GLENN Name KIRKMAN, LEE M.D.

Address 300 S. PARK PLACE BLVD. Address 300 S. PARK PLACE BLVD.

SUITE 180 SUITE 180

City-State-Zip: CLEARWATER FL 33759 City-State-Zip: CLEARWATER FL 33759

Title D Title D

Name CORRIGAN, KEVIN Name HOCE, KRIS

Address 300 S. PARK PLACE BLVD. Address 300 S. PARK PLACE BLVD.

SUITE 180 SUITE 180

City-State-Zip: CLEARWATER FL 33759 City-State-Zip: CLEARWATER FL 33759

Title AMBR

Name MORTON PLANT MEASE HEALTH

SERVICES, INC.

Address 1240 SOUTH FORT HARRSION AVE

City-State-Zip: CLEARWATER FL 33756

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: GLENN WATERS DIRECTOR 04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 23, 2015

**Secretary of State** 

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