

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000030780

**Entity Name:** METROPOLITAN CARDIOLOGY, LLC

**Current Principal Place of Business:**

777 EAST 25TH STREET  
214  
HIALEAH, FL 33013

**FILED**  
**Mar 07, 2014**  
**Secretary of State**  
**CC2154783215**

**Current Mailing Address:**

777 EAST 25TH STREET  
214  
HIALEAH, FL 33013

**FEI Number: 46-2575491**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ESCALANTE, JOSE  
777 EAST 25TH STREET  
214  
HIALEAH, FL 33013 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 MGR  
Name ESCALANTE MEDICAL MANAGEMENT SERVICES, INC  
Address 777 E 25 STREET  
City-State-Zip: HIALEAH FL 33013

Title MGR  
Name HUMBERTO C. MACHADO, JR. M.D.P.A.  
Address 747 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

*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: JOSE E. ESCALANTE**

**MGR**

**03/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date