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: JOSE E. ESCALANTE MD

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2018 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

Current Mailing Address:

777 EAST 25TH STREET 214 HIALEAH, FL 33013

FEI Number: 46-2575491

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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ESCALANTE MEDICAL MANAGEMENT SERVICES, INC	Name	HUMBERTO C. MACHADO, JR. M.D.P.A.
Address	777 E 25 STREET	Address	747 PONCE DE LEON BLVD.
City-State-Zip:	HIALEAH FL 33013	City-State-Zip:	CORAL GABLES FL 33134

Certificate of Status Desired: No

03/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date