

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000141069

Entity Name: MID FLORIDA CARDIOVASCULAR CENTER, LLC

Current Principal Place of Business:

400 AVE K SE STE 5
WINTER HAVEN, FL 33880

Current Mailing Address:

PO BOX 1398
WINTER HAVEN, FL 33882 US

FEI Number: 47-1823381

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BHASHYAM, SIVA
209 RUBY LAKE LANE
WINTER HAVEN, FL 33884 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 BHASHYAM, SIVA
Address 209 RUBY LAKE LANE
City-State-Zip: WINTER HAVEN FL 33884

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: SIVA BHASHYAM

MANAGER

05/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date