

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000035650

**Entity Name:** CARDIAC RHYTHM EXPERT CONSULTING, LLC

**Current Principal Place of Business:**

516 LAKEVIEW ROAD, VILLA 5  
CLEARWATER, FL 33756

**Current Mailing Address:**

516 LAKEVIEW ROAD, VILLA 5  
CLEARWATER, FL 33756

**FEI Number:** 82-0748717

**Certificate of Status Desired:** No

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

FOSTER, DAVID W  
516 LAKEVIEW ROAD, VILLA 5  
CLEARWATER, FL 33756 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 AMBR  
Name NORRIS, JOHN F MD  
Address 516 LAKEVIEW ROAD, VILLA 5  
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:** JOHN F. NORRIS

AMBR

02/17/2022

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

\_\_\_\_\_  
Date