

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000005086

**Entity Name:** CARDIOVASCULAR IMAGING PROFESSIONALS LLC

**Current Principal Place of Business:**

8697 SW 154 CIR PL  
MIAMI, FL 33193

**Current Mailing Address:**

8697 SW 154 CIR PL  
MIAMI, FL 33193 US

**FEI Number:** 92-1627917

**Certificate of Status Desired:** No

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

PONCE, KAREENA  
8697 SW 154 CIR PL  
MIAMI, FL 33193 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            PONCE, REINALDO R  
Address        8697 SW 154 CIR PL  
City-State-Zip: MIAMI FL 33193

*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:** REINALDO R PONCE

**OWNER**

**03/30/2024**

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

\_\_\_\_\_  
Date