

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000436039

Entity Name: SEVEN HILLS CARDIOLOGY, LLC

Current Principal Place of Business:

308 W HIGHLAND BLVD
INVERNESS, FL 34452-4716

Current Mailing Address:

308 W HIGHLAND BLVD
INVERNESS, FL 34452-4716 US

FEI Number: 93-3579914

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELOCH, JERRALD W
308 W HIGHLAND BLVD
INVERNESS, FL 34452-4716 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 GONZALEZ, JAVIER M M.D.
Address 308 W HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452-4716

Title MGR
Name ATTANTI, SRINIVAS M.D.
Address 308 W HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452-4716

Title MGR
Name PASUPULETI, SUMAN M.D.
Address 308 W HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452-4716

Title MGR
Name SALUCK, BRIAN D.O.
Address 308 W HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452-4716

Title MGR
Name KANNAM, HARI M.D.
Address 308 W HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452-4716

Title MGR
Name NERELLA, NISHANT M.D.
Address 308 W HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452-4716

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: NISHANT NERELLA, M.D.

MGR

02/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date