

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000080024

**FILED**  
**Oct 08, 2014**  
**Secretary of State**

**Entity Name:** HEART, LUNG AND VASCULAR CENTER OF CHARLOTTE, LLC

**Current Principal Place of Business:**

2595 HARBOR BLVD.  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

2327 AARON STREET  
PORT CHARLOTTE, FL 33952 US

**Current Mailing Address:**

2595 HARBOR BLVD.  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

2327 ARON STREET  
PORT CHARLOTTE, FL 33952 US

**FEI Number:** 46-2932641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

MALIN, JOHN  
2327 AARON STREET  
PORT CHARLOTTE, NY, FL 33952 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: JOHN MALIN

10/08/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: MALIN, JOHN  
Address: 2327 AARON STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM  
Name: KARTIS, THOMAS JR.  
Address: 2327 AARON STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JOHN MALIN

MGRM

10/08/2014

Electronic Signature of Authorized Person

Date