

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000157674

FILED
Oct 01, 2014
Secretary of State

Entity Name: SOUTHERN CARDIAC AND VASCULAR ASSOCIATES, LLC

Current Principal Place of Business:

1405 CENTERVILLE RD, STE. 5000
TALLAHASSEE, FL 32308

New Principal Place of Business:

1405 CENTERVILLE RD
SUITE 5000
TALLAHASSEE, FL 32308 UN

Current Mailing Address:

1405 CENTERVILLE RD, STE. 5000
TALLAHASSEE, FL 32308

New Mailing Address:

1405 CENTERVILLE RD
SUITE 5000
TALLAHASSEE, FL 32308 UN

FEI Number: 46-4033638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAINT, DAVID L
1405 CENTERVILLE RD, STE. 5000
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

SAINT, DAVID L
1405 CENTERVILLE RD
SUITE 5000
TALLAHASSEE, FL 32308 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: DAVID L SAINT, M.D., P.A.

10/01/2014

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGRM
Name: DAVID SAINT, M.D., P.A.
Address: 1405 CENTERVILLE RD, STE. 5000
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM
Name: JULIAN E. HURT, M.D., P.A.
Address: 1405 CENTERVILLE RD, STE. 5000
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM
Name: SHAFI G. MOHAMED, M.D., P.A.
Address: 1405 CENTERVILLE RD, STE. 5000
City-St-Zip: TALLAHASSEE, FL 32308

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: DAVID L. SAINT, M.D., P.A.

MGR

10/01/2014

Electronic Signature of Authorized Person

Date