

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000070744

Entity Name: SOUTH FLORIDA INTERNATIONAL CARDIOLOGY
CONSULTANTS, INC.**Current Principal Place of Business:**3801 BISCAYNE BLVD STE 300
MIAMI, FL 33137**Current Mailing Address:**3801 BISCAYNE BLVD STE 300
MIAMI, FL 33137 US**FEI Number: 65-0691863****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COY, PERRIN
3801 BISCAYNE BLVD STE 300
MIAMI, FL 33137 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

Officer/Director Detail :

Title	PD
Name	COY, KEVIN
Address	3801 BISCAYNE BLVD STE 300
City-State-Zip:	MIAMI FL 33137

Title	D
Name	CORREA, LUIS
Address	3801 BISCAYNE BLVD STE 300
City-State-Zip:	MIAMI FL 33137

Title	D
Name	ZIDE, KENNETH
Address	3801 BISCAYNE BLVD STE 300
City-State-Zip:	MIAMI FL 33137

Title	D
Name	DAVENPORT, JAMES
Address	11760 SW 40 ST, STE 352
City-State-Zip:	MIAMI FL 33175

Title	SD
Name	BAZZI, ALI
Address	21097 NE 27 CT, STE 100
City-State-Zip:	AVENTURA FL 33180

Title	D
Name	CERAMI, JOSEPH
Address	15100 NW 67 AVE STE 104
City-State-Zip:	MIAMI LAKES FL 33014

Title	D
Name	HOURLANI, PATRICK
Address	3801 BISCAYNE BLVD STE 300
City-State-Zip:	MIAMI FL 33137

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN COY**PD****03/16/2023**

Electronic Signature of Signing Officer/Director Detail

Date