

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010715

Entity Name: CARDIOLOGY PARTNERS, P.L.

Current Principal Place of Business:

3345 BURNS ROAD
SUITE 306
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

3345 BURNS ROAD
SUITE 203 SUITE 306
PALM BECH GARDENS, FL 33410 US

FEI Number: 65-1036209

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VEDERE, AMARNATH
3345 BURNS ROAD SUIT 105
SUITE 203
PALMBEAH GARDENS, FL 33410 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: AMARNATH VEDERE

01/21/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name VENUGOPAL, CHANDRA MD
Address 3347 STATE ROAD 7, SUITE 203
City-State-Zip: WELLINGTON FL 33449

Title MGRM
Name FOUCAULD, JEAN MD
Address 3347 STATE ROAD 7, SUITE 203
City-State-Zip: WELLINGTON FL 33449

Title MGRM
Name VEDERE, AMARNATH MD
Address 3347 STATE ROAD 7, SUITE 203
City-State-Zip: WELLINGTON FL 33449

Title MGRM
Name NEERAV, SHAH MD
Address 3347 STATE ROAD 7, SUITE 023
City-State-Zip: WELLINGTON FL 33449

Title MGRM
Name BALDARI, DUCCIO MD
Address 3347 STATE ROAD 7, SUITE 203
City-State-Zip: WELLINGTON FL 33449

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: AMARNATH VEDERE

MEMBER

01/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date