

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003783

Entity Name: SOUTH MIAMI BLOOD FLOW ASSOCIATES, LLC

Current Principal Place of Business:

8551 WEST SUNRISE BOULEVARD
SUITE 304
PLANTATION, FL 33322

Current Mailing Address:

8551 WEST SUNRISE BOULEVARD
SUITE 304
PLANTATION, FL 33322 US

FEI Number: 90-0243643

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMMER, SAMUEL
8551 WEST SUNRISE BOULEVARD
SUITE 304
PLANTATION, FL 33322 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: SAMUEL HAMMER

03/31/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|--------------------------------|-----------------|-------------------------------|
| Title | P | Title | T |
| Name | KANG, STEVEN MD | Name | GRAN, BERNARD MD |
| Address | 6200 SUNSET DRIVE SUITE 505 | Address | 9090 SW 87 COURT SUITE 200 |
| City-State-Zip: | S. MIAMI FL 33143 | City-State-Zip: | MIAMI FL 33176 |

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: STEVEN KANG, MD

P

03/31/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date