2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: NAPLES INTERVENTIONAL CARDIAC ELECTROPHYSIOLOGY, L.L.C.

Current Principal Place of Business:

625 TAMIAMI TRAIL N. SUITE 103
NAPLES, FL 34102

Current Mailing Address:

625 TAMIAMI TRAIL N. SUITE 103
NAPLES, FL 34102 US

FEI Number: 20-1095753

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GURSOY, SINAN
625 TAMIAMI TRAIL N. SUITE 103
NAPLES, FL 34102 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

Authorized Person(s) Detail :

Title	MGRM
Name	NAPLES INTERVENTIONAL CARDIAC ELECTROPHYSI
Address	625 TAMIAMI TRAIL N. SUITE 103
City-State-Zip:	NAPLES FL 34102

Title	MGRM
Name	A. SINAN GURSOY, M.D., P.A.
Address	625 TAMIAMI TRAIL N. SUITE 103
City-State-Zip:	NAPLES FL 34102

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: A SINAN GURSOY MGRM 01/18/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date