2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2015
Secretary of State
CC3625175729

DOCUMENT# L05000032638

Entity Name: BAPTIST CARDIAC AND VASCULAR INSTITUTE MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

EXECUTIVE OFFICES
8900 NORTH KENDALL DRIVE
MIAMI, FL 33176

Current Mailing Address:

EXECUTIVE OFFICES
8900 NORTH KENDALL DRIVE
MIAMI, FL 33176 US

FEI Number: 20-3316750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID RESQ
6855 RED ROAD
SUITE 500
CORAL GABLES, FL 33143 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	MGR
Name	BAPTIST HOSPITAL OF MIAMI, INC.
Address	8900 N. KENDALL DRIVE
City-State-Zip:	MIAMI FL 33176

Title	MGR
Name	MORENO, NIBERTO LM.D.
Address	8900 N. KENDALL DRIVE
City-State-Zip:	MIAMI FL 33176

Title	MGR
Name	LIORET, RAMON M.D.
Address	8900 N. KENDALL DRIVE
City-State-Zip:	MIAMI FL 33176

Title	MANAGER
Name	POWELL, ALEX DR.
Address	8900 N. KENDALL DRIVE
City-State-Zip:	MIAMI FL 33176

Title	MGR
Name	QUESADA, RAMON M.D.
Address	8900 NORTH KENDALL DR
City-State-Zip:	MIAMI FL 33176

Title	MGR
Name	COELLO, ABILIO M.D.
Address	8900 N. KENDALL DRIVE
City-State-Zip:	MIAMI FL 33176

Title	MGR
Name	KATZEN, BARRY TM.D.
Address	8900 N. KENDALL DRIVE
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: CAROL MASCIOLI VP 04/06/2015

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