

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000041697

**Entity Name:** ORLANDO CARDIOLOGY, LLC

**Current Principal Place of Business:**

5067 LATROBE DRIVE  
WINDERMERE , FL 34786

**Current Mailing Address:**

5067 LATROBE DRIVE  
WINDERMERE, FL 34786 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOMPALLI, VINEEL  
5067 LATROBE DRIVE  
WINDERMERE, FL 34786 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            PRES  
Name            SOMPALLI, VINEEL  
Address        5067 LATROBE DRIVE  
City-State-Zip: WINDERMERE FL 34786

*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:** VINEEL SOMPALLI

**PRESIDENT/OWNER**

**05/01/2017**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date