

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071205

Entity Name: THE HEART AND VASCULAR CLINIC, L.L.C.

Current Principal Place of Business:

1445 ROSS AVENUE, SUITE 1400
DALLAS, TX 75205

Current Mailing Address:

1445 ROSS AVENUE, SUITE 1400
DALLAS, TX 75205 US

FEI Number: 26-0552242

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	Title	SEC OF MGRM
Name	ST. MARY'S MEDICAL CENTER INC.	Name	MACK, KRISTINA
Address	1445 ROSS AVENUE, SUITE 1400	Address	1445 ROSS AVENUE, SUITE 1400
City-State-Zip:	DALLAS TX 75205	City-State-Zip:	DALLAS TX 75205

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: KRISTINA MACK

SEC OF MGRM

04/08/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date