

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006094

Entity Name: SUNRISE CARDIOLOGY ASSOCIATES, P.L.

Current Principal Place of Business:

8393 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33351

Current Mailing Address:

8393 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33351

FEI Number: 65-0659955

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHWARTZ, ALAN M
8393 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33351 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 MASCARENHAS, EUGENE L
Address 8393 WEST OAKLAND PARK BLVD.
City-State-Zip: SUNRISE FL 33351

Title MGRM
Name SCHWARTZ, ALAN M
Address 8393 WEST OAKLAND PARK BLVD.
City-State-Zip: SUNRISE FL 33351

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALAN M SCHWARTZ

04/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date