

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017209

Entity Name: CARDIOVASCULAR HEALTH ASSESSMENT CENTER, PLLC

Current Principal Place of Business:

1950 ARLINGTON STREET, SUITE 300
SARASOTA, FL 34239

Current Mailing Address:

1950 ARLINGTON STREET, SUITE 300
SARASOTA, FL 34239

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EL SHAHAWY, MAHFOUZ
1950 ARLINGTON STREET, SUITE 300
SARASOTA, FL 34239 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 EL SHAHAWY, MAHFOUZ MGRM
Address 312 BIRD KEY DRIVE
City-State-Zip: SARASOTA FL 34236

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: MAHFOUZ EL SHAHAWY

MGRM

03/31/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date