

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000041505

Entity Name: MID-FLORIDA INTERVENTIONAL CARDIOLOGY PHYSICIAN SERVICES, L.L.C.

FILED
Mar 06, 2015
Secretary of State
CC2750265250

Current Principal Place of Business:

200 AVENUE F. NORTHEAST
WINTER HAVEN, FL 33881

Current Mailing Address:

200 AVENUE F. NORTHEAST
WINTER HAVEN, FL 33881

FEI Number: 80-0641119

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIZER, SCOTT A
ATTENTION: LEGAL SERVICES DEPARTMENT
2985 DREW STREET
CLEARWATER, FL 33759 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: SCOTT A. KIZER

03/06/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT	Title	TREASURER
Name	INZINA, TOMMY	Name	GANTNER, JOHN
Address	2985 DREW STREET	Address	2985 DREW STREET
City-State-Zip:	CLEARWATER FL 33759	City-State-Zip:	CLEARWATER FL 33759

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: TOMMY INZINA

PRESIDENT

03/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date