

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000066743

**Entity Name:** CARDIO PULMONARY CONSULTANTS, LLC

**Current Principal Place of Business:**

1495 WEST 49TH STREET  
HIALEAH, FL 33012

**Current Mailing Address:**

1495 WEST 49TH STREET  
HIALEAH, FL 33012

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HERNANDEZ, H.  
1495 WEST 49TH STREET  
HIALEAH, FL 33012 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:** H. HERNANDEZ

05/01/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name HERNANDEZ, H.  
Address 1495 WEST 49TH STREET  
City-State-Zip: HIALEAH FL 33012

*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:** H. HERNANDEZ

MANAGER

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date