# DOCUMENT# L12000016163

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Entity Name: LORVEN HEART AND VASCULAR INSTITUTE, LLC

# **Current Principal Place of Business:**

1609 SW 17TH ST. STE 100 OCALA, FL 34471

## **Current Mailing Address:**

1609 SW 17TH ST. **STE 100** OCALA, FL 34471 US

## FEI Number: 20-3275391

## Name and Address of Current Registered Agent:

QAMAR, ASAD 1609 SW 17TH STREET STE 100 OCALA, FL 34471 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: ASAD QAMAR

### Authorized Person(s) Detail :

City-State-Zip: OCALA FL 34471

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: ASAD QAMAR

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date

Electronic Signature of Registered Agent

Title	MANAGER
Name	QAMAR, ASAD
Address	1609 SW 17TH ST. STE 100
City-State-Zip	OCALA EL 34471

MANAGER

04/18/2023

04/18/2023