

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000016163

**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

**Certificate of Status Desired:** No

**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

04/21/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name QAMAR, ASAD  
Address 1609 SW 17TH ST.  
STE 100  
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

MANAGER

04/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date