

2015 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.
OCALA, FL 34471

Current Mailing Address:

1609 SW 17TH ST.
OCALA, FL 34471

FEI Number: 20-3275391

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REDDY, NAGENDER A
6601 S MAGNOLIA AVE.
OCALA, FL 34476 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 REDDY, NAGENDER A
Address 6601 S MAGNOLIA AVE.
City-State-Zip: Ocala FL 34476

Title MGRM
Name REDDY, NAVYA
Address 6601 S MAGNOLIA AVE.
City-State-Zip: Ocala FL 34476

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: NAGENDER REDDY

MGRM

04/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date