

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:**

TOTTEL, DAWN  
1609 SW 17TH STREET  
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:** DAWN TOTTEL

09/24/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name ASSOCIATES FOR CARDIOVASCULAR  
EXCELLENCE LLC  
Address 1609 SW 17TH ST.  
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:** ALLEN DEAN

**AUTHORIZED  
REPRESENTATIVE**

09/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date