

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000061456

**Entity Name:** FLORIDA HEART & VASCULAR CARE, PLLC

**Current Principal Place of Business:**

4100 ISLAND BLVD  
SUITE 703  
AVENTURA, FL 33160

**Current Mailing Address:**

4100 ISLAND BLVD  
SUITE 703  
AVENTURA, FL 33160 US

**FEI Number:** 45-5239582

**Certificate of Status Desired:** No

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

THEILADE, KAREN  
4100 ISLAND BLVD  
SUITE 703  
AVENTURA, FL 33160 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:** KAREN THEILADE

04/30/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name THEILADE, KAREN C  
Address 4100 ISLAND BLVD  
SUITE 703  
City-State-Zip: AVENTURA FL 33160

*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:** KAREN CHRISTIANE THEILADE

EXECUTIVE DIRECTOR

04/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date