

2016 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

03/27/2016

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

MANAGER

03/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date