

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000061456

Entity Name: FLORIDA HEART & VASCULAR CARE, PLLC

Current Principal Place of Business:

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086

Current Mailing Address:

2025 PURCELL LANE
CHARLESTON, SC 29492 US

FEI Number: 45-5239582

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THEILADE, KAREN
400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086 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

04/29/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name THEILADE, KAREN C
Address 2025 PURCELL LANE
City-State-Zip: CHARLESTON SC 29492

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 THEILADE

MANAGER

04/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date