

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000077781

Entity Name: CARDIOVASCULAR ACO, LLC

Current Principal Place of Business:

455 PINELLAS STREET
SUITE 400
CLEARWATER, FL 33756

Current Mailing Address:

455 PINELLAS STREET
SUITE 400
CLEARWATER, FL 33756 US

FEI Number: 46-2883732

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURR & FORMAN, LLP, C/O R. V. WILLIAMS ESQ
201 N. FRANKLIN STREET
SUITE 3200
TAMPA, FL 33602 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 AUTHORIZED MEMBER
Name SIMMONS, FREDERIC R JR.
Address 455 PINELLAS STREET
SUITE 400
City-State-Zip: CLEARWATER FL 33756

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: FREDERIC R. SIMMONS, JR.

AUTHORIZED MEMBER

03/07/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date