

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000047356

Entity Name: COMPREHENSIVE CARDIOVASCULAR SPECIALISTS, LLC

Current Principal Place of Business:

2231 NORTH BLVD. W.
SUITE A
DAVENPORT, FL 33837

Current Mailing Address:

PO BOX 3035
WINTER HAVEN, FL 33885 US

FEI Number: 46-5201515

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ISHAQ, SAQIB ESQ
907 OUTER ROAD
SUITE B
ORLANDO, FL 32814 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 MGR
Name TAI, ZAHEED D.O.
Address 1523 HANKS AVE
City-State-Zip: ORLANDO FL 32814

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: ZAHEED TAI

MGR

04/21/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date