

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000047356

**Entity Name:** COMPREHENSIVE CARDIOVASCULAR SPECIALISTS, LLC

**Current Principal Place of Business:**

405 LIONEL WAY  
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  
405 LIONEL WAY  
DAVENPORT, FL 33837 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:** SAQIB ISHAQ

01/06/2026

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	TAI, ZAHEED D.O.	Name	ISHAQ, SAQIB
Address	405 LIONEL WAY	Address	405 LIONEL WAY
City-State-Zip:	DAVENPORT FL 33837	City-State-Zip:	DAVENPORT FL 33837

*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:** SAQIB ISHAQ

MANAGER

01/06/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date