

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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: Yes

Name and Address of Current Registered Agent:

ISHAQ, SAQIB ESQ
7208 W. SAND LAKE ROAD
SUITE 305
ORLANDO, FL 32819 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

01/09/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name TAI, ZAHEED D.O.
Address 405 LIONEL WAY
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: ZAHEED TAI, D.O.

MGR

01/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date