

2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000156921

Entity Name: SW FLORIDA CARDIOVASCULAR INSTITUTE, PLLC

Current Principal Place of Business:

6210 SCOT ST., SUITE 113
PUNTA GORDA, FL 33950

Current Mailing Address:

6210 SCOTT STREET, SUITE 113
PUNTA GORDA, FL 33950 US

FEI Number: 47-2048867

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MINCK, LINDA R ESQ.
5629 STRAND BLVD., SUITE 405
NAPLES, FL 34110 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: LINDA R MINCK

10/07/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CARRIZO, GONZALO J
Address 6210 SCOTT STREET, SUITE 113
City-State-Zip: PUNTA GORDA FL 33950

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: GONZALO J. CARRIZO

MGR

10/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date