

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000000644

Entity Name: SOUTH MIAMI ARRHYTHMIA CENTER INAD, LLC

Current Principal Place of Business:

4816 SW 72 AVE
MIAMI, FL 33155

Current Mailing Address:

PO BOX 430392
MIAMI, FL 33243

FEI Number: 47-3010366

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAHOUN, ISAM
4711 SW 72 AVE
MIAMI, FL 33155 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 TAHOUN, ISAM
Address PO BOX 432602
City-State-Zip: MIAMI FL 33243

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: ISAM M TAHOUN

DIRECTOR

01/15/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date