

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000028635

Entity Name: PALMS HEART AND VASCULAR CENTER, L.L.C.

Current Principal Place of Business:

1819 ALICIA WAY
CLEARWATER, FL 33764

Current Mailing Address:

1819 ALICIA WAY
CLEARWATER, FL 33764

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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 SHARMA, RAKESH K M.D.
Address 1819 ALICIA WAY
City-State-Zip: CLEARWATER FL 33764

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: RAKESH SHARMA

MGR

01/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date