

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000089078

Entity Name: MIAMI CARDIAC AND VASCULAR INSTITUTE MANAGEMENT COMPANY, LLC**Current Principal Place of Business:**8900 N KENDALL DR
MIAMI, FL 33176**Current Mailing Address:**8900 N KENDALL DR
MIAMI, FL 33176**FEI Number: APPLIED FOR****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRIEDMAN, DAVID R
6855 RED ROAD SUITE 600
CORAL GABLES, FL 33143 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 MANAGER
Name MASCIOLI, CAROL
Address 8900 N KENDALL DR
City-State-Zip: MIAMI FL 33176

Title MANAGER
Name KATZEN, BARRY DR.
Address 8900 N KENDALL DR
City-State-Zip: MIAMI FL 33176

Title MANAGER
Name COELLO , ABILIO DR.
Address 8900 N KENDALL DR
City-State-Zip: MIAMI FL 33176

Title MANAGER
Name POWELL, ALEX DR.
Address 8900 N KENDALL DR
City-State-Zip: MIAMI FL 33176

Title MANAGER
Name KRAUTHAMER, DAN DR.
Address 8900 N KENDALL DR
City-State-Zip: MIAMI FL 33176

Title MANAGER
Name HRACHIAN-HAFTEVANI, HAKOP DR.
Address 8900 N KENDALL DR
City-State-Zip: MIAMI FL 33176

Title MANAGER
Name MORENO, NIBERTO DR.
Address 8900 N KENDALL DR
City-State-Zip: MIAMI FL 33176

Title MANAGER
Name LLORET, RAMON DR.
Address 8900 N KENDALL DR
City-State-Zip: MIAMI FL 33176

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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: CAROL MASCIOLI**MANAGER****04/11/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name WOLFENSON, ABRAHAM DR.
Address 8900 N KENDALL DR
City-State-Zip: MIAMI FL 33176

Title MANAGER
Name ALDRICH, HARRY DR.
Address 8900 N KENDALL DR
City-State-Zip: MIAMI FL 33176

Title MANAGER
Name AITKEN, PERCY DR.
Address 8900 N KENDALL DR
City-State-Zip: MIAMI FL 33176

Title MANAGER
Name PENA, CONSTANTINO DR.
Address 8900 N KENDALL DR
City-State-Zip: MIAMI FL 33176

Title MANAGER
Name WATCH, LIBBY DR.
Address 8900 N KENDALL DR
City-State-Zip: MIAMI FL 33176

Title MANAGER
Name CURY, RICARDO DR.
Address 8900 N KENDALL DR
City-State-Zip: MIAMI FL 33176