

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000153155

**Entity Name:** SOUTH PALM CARDIOVASCULAR ASSOCIATES, LLC

**Current Principal Place of Business:**

13550 JOG ROAD  
SUITE 204  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

13550 JOG ROAD  
SUITE 204  
DELRAY BEACH, FL 33446 US

**FEI Number:** 45-4448055

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

METZGER, MICHAEL L  
13550 JOG ROAD  
SUITE 204  
DELRAY BEACH, FL 33446 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 METZGER, MICHAEL L  
Address 13550 JOG ROAD  
SUITE 204  
City-State-Zip: DELRAY BEACH FL 33446

Title MGR  
Name HARRING, CHARLES L III  
Address 13550 JOG ROAD  
SUITE 204  
City-State-Zip: DELRAY BEACH FL 33446

Title MGR  
Name RUIZ, ANDRES F  
Address 13550 JOG ROAD  
SUITE 204  
City-State-Zip: DELRAY BEACH FL 33446

Title MGR  
Name CARDENAS, GUSTAVO A  
Address 13550 JOG ROAD  
SUITE 204  
City-State-Zip: DELRAY BEACH FL 33446

Title MANAGER  
Name NASCIMENTO, FRANCISCO DR.  
Address 6238 WEST ATLANTIC AVE  
City-State-Zip: DELRAY BEACH FL 33484

*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:** METZGER , MICHAEL L

MGR

10/27/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date