

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000259957

Entity Name: CARDIAC CIN OF TAMPA, LLC

Current Principal Place of Business:

1301 RIVERPLACE BLVD., STE. 800
JACKSONVILLE, FL 32207

Current Mailing Address:

102 WOODMONT BLVD., STE. 350
NASHVILLE, TN 37205

FEI Number: 82-3858507

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AMBR
Name CARDIAC CIN OF TAMPA MSO, LLC
Address 1301 RIVERPLACE BLVD., STE. 800
City-State-Zip: JACKSONVILLE FL 32207

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: EDWARD EADIE

**DIRECTOR OF
COMPLIANCE**

06/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date