

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000260006

Entity Name: CARDIAC CIN OF WEST PALM, LLC

Current Principal Place of Business:

4440 PGA BLVD., STE. 600
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

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

FEI Number: 82-3859601

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 WEST PALM MSO,
 LLC
Address 4440 PGA BLVD., STE. 600
City-State-Zip: PALM BEACH GARDENS FL 33410

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