

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000260006

**Entity Name:** CARDIAC CIN OF WEST PALM, LLC

**Current Principal Place of Business:**

4440 PGA BOULEVARD  
SUITE 600 C  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4440 PGA BOULEVARD  
SUITE 600 C  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 82-3859601

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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:** GRACE E. KIRBY

02/20/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            MANAGING MEMBER  
Name            CARE OF FL MSO, LLC  
Address        1301 RIVERPLACE BLVD  
                  SUITE 800  
City-State-Zip: JACKSONVILLE FL 33207

Title            SENIOR VICE PRESIDENT,  
                  AUTHORIZED REPRESENTATIVE  
Name            HANNON, JOHN  
Address        102 WOODMONT BLVD  
                  SUITE 350  
City-State-Zip: NASHVILLE TN 37205

*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:** JOHN HANNON

SENIOR VICE  
PRESIDENT

02/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date