

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000260006

Entity Name: CARDIAC CIN OF WEST PALM, LLC

Current Principal Place of Business:

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

Current Mailing Address:

4440 PGA BLVD
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

04/23/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGING MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	CARE OF FL MSO, LLC	Name	EADIE, HUTTON
Address	1301 RIVERPLACE BLVD SUITE 800	Address	102 WOODMONT BLVD SUITE 350
City-State-Zip:	JACKSONVILLE FL 33207	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: HUTTON EADIE

**AUTHORIZED
REPRESENTATIVE**

04/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date