

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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:**

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**

**10/10/2019**

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: HUTTON EADIE**

**DIRECTOR OF  
COMPLIANCE**

**10/10/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date