

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000143684

**Entity Name:** PRIME CARDIOLOGY LLC

**Current Principal Place of Business:**

1139 43RD AVE N  
ST PETERSBURG, FL 33703

**Current Mailing Address:**

1139 43RD AVE N  
ST PETERSBURG, FL 33703

**FEI Number:** 83-0931172

**Certificate of Status Desired:** No

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

FERNANDEZ, RENEE  
1139 43RD AVE N  
ST PETERSBURG, FL 33703 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 MGR  
Name FERNANDEZ, RENEE  
Address 1139 43RD AVE N  
City-State-Zip: ST PETERSBURG FL 33703

*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:** RENEE M. FERNANDEZ

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date