

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000023320

**Entity Name:** GENVASCULAR SURGICAL PA

**Current Principal Place of Business:**

305 SHORE DRIVE E.  
MIAMI, FL 33133

**Current Mailing Address:**

305 SHORE DRIVE E.  
MIAMI, FL 33133 US

**FEI Number: 20-8492007**

**Certificate of Status Desired: No**

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

RAMIREZ, DANIEL MD  
305 SHORE DRIVE E.  
MIAMI, FL 33133 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: DANIEL RAMIREZ**

**04/05/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            RAMIREZ, DANIEL  
Address        305 SHORE DRIVE E.  
City-State-Zip: MIAMI FL 33133

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIEL N.RAMIREZ**

**PRESIDENT**

**04/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date