

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000035972

Entity Name: VASCULAR CENTER OF NAPLES, INC.

Current Principal Place of Business:

229 HERON AVE
NAPLES, FL 34108

Current Mailing Address:

229 HERON AVE
NAPLES, FL 34108 US

FEI Number: 82-4918869

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER, RUSSELL
229 HERON AVE
NAPLES, FL 34108 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

Officer/Director Detail :

Title P
Name BECKER, RUSSELL
Address 229 HERON AVE
City-State-Zip: NAPLES FL 34108

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: RUSSELL BECKER

PRESIDENT

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date