

**2023 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**

**01/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date