

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000025469

**Entity Name:** VASCULAR ACCESS PARTNERS, INC

**Current Principal Place of Business:**

11711 SW 241ST STREET  
HOMESTEAD, FL 33032

**Current Mailing Address:**

11711 SW 241ST STREET  
HOMESTEAD, FL 33032

**FEI Number: 83-4147214**

**Certificate of Status Desired: No**

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

HERNANDEZ-DIAZ, AMARILYS  
11711 SW 241ST ST  
HOMESTEAD, FL 33032--3171 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 HERNANDEZ-DIAZ, AMARILYS  
Address 11711 SW 241ST STREET  
City-State-Zip: HOMESTEAD FL 33032

Title SEC  
Name DIAZ MATOS, YASSEL  
Address 11711 SW 241ST STREET  
City-State-Zip: HOMESTEAD FL 33032

*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: AMARILYS HERNANDEZ-DIAZ**

**P**

**04/19/2024**

Electronic Signature of Signing Officer/Director Detail

Date