

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000018643

**Entity Name:** PARODI PULSATILE STENT GRAFT, INC.

**Current Principal Place of Business:**

4779 COLLINS AVE  
UNIT 2502  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

3850 SW 87 AVE STE 301  
UNIT 2502  
MIAMI, FL 33165 US

**FEI Number:** 88-1190341

**Certificate of Status Desired:** No

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

PARODI, JUAN C  
4779 COLLINS AVE  
UNIT 2502  
MIAMI BEACH, FL 33140 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            CEO  
Name            PARODI, JUAN C  
Address        4779 COLLINS AVE, UNIT 2502  
City-State-Zip: MIAMI BEACH FL 33140

Title            T  
Name            PARODI, FEDERICO  
Address        4779 COLLINS AVE, UNIT 2502  
City-State-Zip: MIAMI BEACH FL 33140

Title            S  
Name            KELLAR, ROBERT  
Address        2225 N. GEMINI DRIVE, STE W8, BOX  
                  #2  
City-State-Zip: FLAGSTAFF AZ 86001

Title            D  
Name            KRAJCER, ZVONIMIR MD  
Address        6428 VANDERBELT STREET  
City-State-Zip: HOUSTON TX 77005

*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:** JUAN C PARODI

CEO

04/30/2023

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

\_\_\_\_\_  
Date