

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059614

Entity Name: INTERVENTIONAL THERAPEUTICS INSTITUTE, LLC

Current Principal Place of Business:

5102 N. DAVIS HIGHWAY
PENSACOLA, FL 32503

Current Mailing Address:

201 DEFENSE HIGHWAY
STE 205 STE 1400
ANNAPOLIS, MD 21401 US

FEI Number: 83-0432335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION
1800 JENKS AVENUE
PANAMA CITY, FL 32405 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: NICK GREINER

07/27/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name KORNBLUTH, IRA
Address 201 DEFENSE HIGHWAY
 STE 205 STE 1400
City-State-Zip: ANNAPOLIS MD 21401

Title CEO
Name FREAS, DAMEAN
Address 201 DEFENSE HIGHWAY
 STE 205 STE 1400
City-State-Zip: ANNAPOLIS MD 21401

Title CFO
Name BOWEN, DANIEL
Address 2114 AIRPORT BLVD
 STE 1400
City-State-Zip: PENSACOLA FL 32504

Title COMPTROLLER
Name WINIK, MARSHA
Address 201 DEFENSE HIGHWAY
 STE 205 STE 1400
City-State-Zip: ANNAPOLIS MD 21401

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARSHA WINIK

CONTROLLER

07/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date