

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076105

Entity Name: COASTAL VASCULAR AND INTERVENTIONAL, P.L.L.C.

Current Principal Place of Business:

5149 NORTH NINTH AVENUE, STE. 120
PENSACOLA, FL 32504

Current Mailing Address:

PO BOX 11982
PENSACOLA, FL 32524 US

FEI Number: 26-3144426

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUSHING, ROBERT
CARVER DARDEN
151 WEST MAIN STREET SUITE 200
PENSACOLA, FL 32502 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: ROBERT RUSHING

02/07/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BOSARGE, CHRISTOPHER J DR.
Address 5149 NORTH NINTH AVENUE
SUITE 120
City-State-Zip: PENSACOLA FL 32504

Title MGRM
Name MONTGOMERY, AARON B DR.
Address 5149 NORTH NINTH AVENUE
SUITE 120
City-State-Zip: PENSACOLA FL 32504

Title MGRM
Name LECROY, CHRISTOPHER DR.
Address 5149 NORTH NINTH AVENUE
SUITE 120
City-State-Zip: PENSACOLA FL 32504

Title MGRM
Name KAFIE, FERNANDO E. DR.
Address 5149 N. 9TH AVE.
SUITE G21
City-State-Zip: PENSACOLA FL 32504

Title MGRM
Name PATEL, SHONAK DR.
Address 5149 NORTH NINTH AVENUE
SUITE 120
City-State-Zip: PENSACOLA FL 32504

Title MGRM
Name RISLEY, GEOFFREY DR.
Address 5149 NORTH NINTH AVENUE, STE.
120
City-State-Zip: PENSACOLA FL 32504

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: CHRISTOPHER LECROY

PHYSICIAN

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date