

2018 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:

LECROY, CHRISTOPHER PRESIDENT
5149 NORTH NINTH AVENUE, STE. 120
PENSACOLA, FL 32504 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: CHRISTOPHER LECROY

01/15/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

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

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

Title MEMBER
Name MCDANIEL, HUEY
Address 5149 NORTH NINTH AVENUE
SUITE 120
City-State-Zip: PENSACOLA FL 32524

Title MANAGER
Name PATEL, SHONAK
Address 5149 NORTH NINTH AVENUE
SUITE 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

PRESIDENT

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date