2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076105

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

FILED
Jan 24, 2019
Secretary of State
8217036942CC

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 01/24/2019

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name BOSARGE, CHRISTOPHER J DR. Name MONTGOMERY, AARON B DR.

Address 5149 NORTH NINTH AVENUE Address 5149 NORTH NINTH AVENUE

SUITE 120 SUITE 120

City-State-Zip: PENSACOLA FL 32504 City-State-Zip: PENSACOLA FL 32504

Title MGRM Title MANAGING MEMBER

Name LECROY, CHRISTOPHER DR. Name KAFIE, FERNANDO E. DR.

Address 5149 NORTH NINTH AVENUE Address 5149 N. 9TH AVE.

SUITE 120 SUITE G21

City-State-Zip: PENSACOLA FL 32504 City-State-Zip: PENSACOLA FL 32504

Title MEMBER Title MANAGER

Name MCDANIEL, HUEY DR. Name PATEL, SHONAK DR.

Address 5149 NORTH NINTH AVENUE Address 5149 NORTH NINTH AVENUE

SUITE 120 SUITE 120

City-State-Zip: PENSACOLA FL 32524 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 PRESIDENT 01/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date