# **2021 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

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

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

SIGNATURE	CHRISTOPHER LECROY			01/18/2021
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	MGRM	Title	MGRM	
Name	BOSARGE, CHRISTOPHER J DR.	Name	MONTGOMERY, AARON B DR	
Address	5149 NORTH NINTH AVENUE SUITE 120	Address	5149 NORTH NINTH AVENUE 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 SUITE 120	Address	5149 N. 9TH AVE. SUITE G21	
City-State-Zip:	PENSACOLA FL 32504	City-State-Zip:	PENSACOLA FL 32504	
Title	MEMBER	Title	MANAGER	
Name	KAISER, WILLIAM DR.	Name	PATEL, SHONAK DR.	
Address	5149 NORTH NINTH AVENUE SUITE 120	Address	5149 NORTH NINTH AVENUE 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.			

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

120 City-State-Zip: PENSACOLA FL 32504

PRESIDENT

01/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Jan 18, 2021 Secretary of State 5210336663CC

Certificate of Status Desired: No

Date