

**2023 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**

**02/10/2023**

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: LECROY, CHRISTOPHER, DR.**

**MGRM**

**02/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date