## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076105

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

FILED
Jan 31, 2014
Secretary of State
CC3729399163

## **Current Principal Place of Business:**

5147 NORTH NINTH AVENUE, STE, 318

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:

HARLIN, STUART A 5147 NORTH NINTH AVENUE, STE. 318 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:

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name HARLIN, STUART A Name BOSARGE, CHRISTOPHER J

Address 5147 NORTH NINTH AVENUE, STE. Address 5147 NORTH NINTH AVENUE, STE.

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

Title MGRM Title MGRM

Name MONTGOMERY, AARON B Name TUCKER, JOHN

Address 5147 NORTH NINTH AVENUE, STE. Address 5147 NORTH NINTH AVENUE, STE.

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

TitleMGRMTitleMANAGING MEMBERNameLECROY, CHRISTOPHERNameKAFIE, FERNANDO E. DR.

Address 5147 NORTH NINTH AVENUE, STE. Address 5149 N. 9TH AVE.

318 SUITE G21

City-State-Zip: PENSACOLA FL 32504 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: STUART HARLIN MGR 01/31/2014