

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076105

FILED
Jan 31, 2014
Secretary of State
CC3729399163

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

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. 318	Address	5147 NORTH NINTH AVENUE, STE. 318
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. 318	Address	5147 NORTH NINTH AVENUE, STE. 318
City-State-Zip:	PENSACOLA FL 32504	City-State-Zip:	PENSACOLA FL 32504
Title	MGRM	Title	MANAGING MEMBER
Name	LECROY, CHRISTOPHER	Name	KAFIE, FERNANDO E. DR.
Address	5147 NORTH NINTH AVENUE, STE. 318	Address	5149 N. 9TH AVE. 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

Electronic Signature of Signing Authorized Person(s) Detail

Date