

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000076105

**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  
Name HARLIN, STUART A  
Address 5147 NORTH NINTH AVENUE, STE.  
318  
City-State-Zip: PENSACOLA FL 32504

Title MGRM  
Name MONTGOMERY, AARON B  
Address 5147 NORTH NINTH AVENUE, STE.  
318  
City-State-Zip: PENSACOLA FL 32504

Title MGRM  
Name LECROY, CHRISTOPHER  
Address 5147 NORTH NINTH AVENUE, STE.  
318  
City-State-Zip: PENSACOLA FL 32504

Title MEMBER  
Name MCDANIEL, HUEY  
Address PO BOX 11982  
City-State-Zip: PENSACOLA FL 32524

Title MGRM  
Name BOSARGE, CHRISTOPHER J  
Address 5147 NORTH NINTH AVENUE, STE.  
318  
City-State-Zip: PENSACOLA FL 32504

Title MGRM  
Name TUCKER, JOHN  
Address 5147 NORTH NINTH AVENUE, STE.  
318  
City-State-Zip: PENSACOLA FL 32504

Title MANAGING MEMBER  
Name KAFIE, FERNANDO E. DR.  
Address 5149 N. 9TH AVE.  
SUITE G21  
City-State-Zip: PENSACOLA FL 32504

Title AUTHORIZED MEMBER  
Name MILLER, MICHAEL L  
Address PO BOX 11982  
City-State-Zip: PENSACOLA FL 32524

*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

MD

01/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date