

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000027448

Entity Name: VASCULAR DEVICE PARTNERS LLC

Current Principal Place of Business:

1501 SOUTH MIAMI AVENUE
MIAMI, FL 33129

Current Mailing Address:

1501 SOUTH MIAMI AVENUE
MIAMI, FL 33129

FEI Number: 26-4505702

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOSE I ALMEIDA MD
1501 SOUTH MIAMI AVENUE
MIAMI, FL 33129 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 MGR
Name ALMEIDA, JOSE IMD
Address 1501 SOUTH MIAMI AVENUE
City-State-Zip: MIAMI FL 33129

Title S
Name ALMEIDA, JOSE IMD
Address 1501 SOUTH MIAMI AVENUE
City-State-Zip: MIAMI FL 33129

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: JOSE ALMEIDA

DIR

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date