

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000027945

**Entity Name:** VOLUSIA - FLAGLER VASCULAR CENTER LLC**Current Principal Place of Business:**1180 N. WILLIAMSON BLVD  
SUITE 100  
DAYTONA BEACH, FL 32114**Current Mailing Address:**2138 PALM HARBOR BLVD  
SUITE C  
PALM HARBOR, FL 34683 US**FEI Number:** 26-4050587**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**AMERICAN VASCULAR ACCESS, LLC  
2138 PALM HARBOR BLVD  
SUITE C  
PALM HARBOR, FL 34683 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	DEES, JANET R
Address	2138 PALM HARBOR BLVD SUITE C
City-State-Zip:	PALM HARBOR FL 34683

Title	MGR
Name	PURANDARE, VINAUAK V
Address	15 BROAD RIVER RD
City-State-Zip:	ORMOND BEACH FL 32174

Title	MGR
Name	LATIF, SAJID
Address	4087 CLOCK TOWER DR
City-State-Zip:	PORT ORANGE FL 32129

Title	MGR
Name	WRIGHT, WILLIAM G
Address	672 SOUNDVIEW DR
City-State-Zip:	PALM HARBOR FL 34683

Title	MGR
Name	PEGORARO, ALFREDO
Address	405 RAVENS HILL WAY
City-State-Zip:	DELAND FL 32724

Title	MGR
Name	MOORJANI, HARJAS
Address	3156 HASSI POINT
City-State-Zip:	LONGWOOD FL 32779

*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:** JANET DEES**MANAGER****03/04/2016**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date