

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000016831

**Entity Name:** VASCULAR SPECIALISTS OF LAKE LAND, L.L.C.**Current Principal Place of Business:**1305 LAKE LAND HILLS BLVD.  
LAKE LAND, FL 33805**Current Mailing Address:**2125 CRYSTAL GROVE DRIVE  
LAKE LAND, FL 33801 US**FEI Number:** 45-4981008**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HENRICKS, BRET D  
2125 CRYSTAL GROVE DRIVE  
LAKE LAND, FL 33801 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:** BRET D HENRICKS

04/29/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT
Name	HENRICKS, BRET D
Address	2125 CRYSTAL GROVE DRIVE
City-State-Zip:	LAKE LAND FL 33801

Title	VP
Name	ELMASRI, FAKHIR F
Address	2125 CRYSTAL GROVE DRIVE
City-State-Zip:	LAKE LAND FL 33801

Title	TREASURER
Name	SCHMITT, CHRISTIAN
Address	2125 CRYSTAL GROVE DRIVE
City-State-Zip:	LAKE LAND FL 33801

Title	SECRETARY
Name	LIMA, MARTHA
Address	2125 CRYSTAL GROVE DRIVE
City-State-Zip:	LAKE LAND FL 33801

*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:** BRET D HENRICKS

PRESIDENT

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date