

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000127736

**Entity Name:** ST JOHNS INTERVENTIONAL AND VASCULAR INSTITUTE,  
PLLC

**Current Principal Place of Business:**

46 WEEDEN ST  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

46 WEEDEN ST  
ST AUGUSTINE, FL 32084 US

**FEI Number:** 47-1587964

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ST GEORGE, JAMES  
46 WEEDEN ST  
ST AUGUSTINE, FL 32084 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:** JAMES ST GEORGE

01/26/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ST GEORGE, JAMES  
Address 46 WEEDEN ST  
City-State-Zip: ST AUGUSTINE FL 32084

*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:** JAMES ST GEORGE

MGR

01/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date