

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000127736

Entity Name: ST JOHNS INTERVENTIONAL AND VASCULAR INSTITUTE,
PLLC

Current Principal Place of Business:

8767 PERIMETER PARK BLVD
JACKSONVILLE, FL 32216

Current Mailing Address:

8767 PERIMETER PARK BLVD
JACKSONVILLE, FL 32216 US

FEI Number: 47-1587964

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ST. GEORGE, JAMES
8767 PERIMETER PARK BLVD
JACKSONVILLE, FL 32216 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 ST. GEORGE, JAMES
Address 8767 PERIMETER PARK BLVD
City-State-Zip: JACKSONVILLE FL 32216

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

CEO

02/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date