

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000185462

**Entity Name:** NORTH MIAMI VASCULAR CARE, LLC

**Current Principal Place of Business:**

9140 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109

**Current Mailing Address:**

9140 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109

**FEI Number:** 32-0456234

**Certificate of Status Desired:** No

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

PREFERRED VASCULAR GROUP, LLC  
9140 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109 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 PREFERRED VASCULAR GROUP, LLC  
Address 9140 CORSEA DEL FONTANA WAY  
City-State-Zip: NAPLES FL 34109

*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:** LISA A MCNAMARA

EVP

03/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date