

2017 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 2, 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: LISA MCNAMARA

02/16/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PREFERRED MEDICAL MANAGEMENT GROUP
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 MCNAMARA

EVP

02/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date