

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000180847

Entity Name: VASCULAR AND INTERVENTIONAL SPECIALISTS, LLC

Current Principal Place of Business:

7867 NORTH KENDALL DRIVE
SUITE 130
MIAMI, FL 33156

Current Mailing Address:

7867 NORTH KENDALL DRIVE
SUITE 130
MIAMI, FL 33156 US

FEI Number: 35-2639410

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLAYTON, PETER
7867 NORTH KENDALL DRIVE
SUITE 130
MIAMI, FL 33156 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 TIE-SHUE, GARY
Address 7867 NORTH KENDALL DRIVE
SUITE 130
City-State-Zip: MIAMI FL 33156

Title MGR
Name SOSA M.D., OSCAR
Address 7867 NORTH KENDALL DRIVE
SUITE 130
City-State-Zip: MIAMI FL 33156

Title MGR
Name CLAYTON, PETER A
Address 7867 NORTH KENDALL DRIVE
SUITE 130
City-State-Zip: MIAMI FL 33156

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: PETER CLAYTON

MANAGER

01/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date