2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2019
Secretary of State
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Entity Name: VASCULAR AND INTERVENTIONAL SPECIALISTS, LLC

Current Principal Place of Business:

7887 NORTH KENDALL DRIVE
SUITE 210
MIAMI, FL 33156

Current Mailing Address:

7887 NORTH KENDALL DRIVE
SUITE 210
MIAMI, FL 33156 US

FEI Number: 35-2639410

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLAYTON, PETER
7887 NORTH KENDALL DRIVE
SUITE 210
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	Title	MGR
Name	TIE-SHUE, GARY	Name	SOSA M.D., OSCAR
Address	7887 NORTH KENDALL DRIVE SUITE 210	Address	7887 NORTH KENDALL DRIVE SUITE 210
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156

Title	MGR
Name	CLAYTON, PETER A
Address	7887 NORTH KENDALL DRIVE SUITE 210
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 04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date