

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000148594

Entity Name: VASCULAR SURGICAL SOLUTIONS LLC

Current Principal Place of Business:

14565 GARDEN GATE DRIVE
JACKSONVILLE, FL 32258

Current Mailing Address:

14565 GARDEN GATE DRIVE
JACKSONVILLE, FL 32258

FEI Number: 85-1288001

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'LEARY, WILLIAM A
3430 KORI ROAD
SUITE 4
JACKSONVILLE, FL 32257 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 HOLLENBACK, DAVID N II
Address 14565 GARDEN GATE DRIVE
City-State-Zip: JACKSONVILLE FL 32258

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: HOLLENBACK , DAVID N , II

MGR

02/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date