2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2025
Secretary of State
1500684785CC

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Entity Name: FLORIDA NEUROINTERVENTIONALISTS LLC

Current Principal Place of Business:

4555 W SWANN AVE
TAMPA, FL 33609

Current Mailing Address:

4555 W SWANN AVE
TAMPA, FL 33609

FEI Number: 88-3842772

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHISENANT, JUSTIN
4555 W SWANN AVE
TAMPA, FL 33609 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	WHISENANT, JUSTIN	Name	JUSTIN WHISENANT, M.D., P.A.
Address	4555 W SWANN AVE	Address	4555 W SWANN AVE
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609

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: JUSTIN WHISENANT MANAGER 01/20/2025

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