

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000364425

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
Name WHISENANT, JUSTIN
Address 4555 W SWANN AVE
City-State-Zip: TAMPA FL 33609

Title MGR
Name JUSTIN WHISENANT, M.D., P.A.
Address 4555 W SWANN AVE
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

02/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date