

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060738

Entity Name: VASCULAR AND SPINE INSTITUTE, INC.

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: 20-2755719

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

Officer/Director Detail :

Title D
Name TIE-SHUE, GARY
Address 7867 NORTH KENDALL DRIVE
SUITE 130
City-State-Zip: MIAMI FL 33156

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

Title DIRECTOR
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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER CLAYTON

DIRECTOR

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date