

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000060738

**FILED  
Apr 22, 2019  
Secretary of State  
1552622560CC**

**Entity Name:** VASCULAR AND SPINE INSTITUTE, INC.

**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:** 20-2755719

**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

**Officer/Director Detail :**

Title D  
Name TIE-SHUE, GARY  
Address 7887 NORTH KENDALL DRIVE  
SUITE 210  
City-State-Zip: MIAMI FL 33156

Title D  
Name SOSA, OSCAR M.D.  
Address 7887 NORTH KENDALL DRIVE  
SUITE 210  
City-State-Zip: MIAMI FL 33156

Title DIRECTOR  
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 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

**EXECUTIVE DIRECTOR**

**04/22/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date