

**2022 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

**FILED**  
**Jan 28, 2022**  
**Secretary of State**  
**7742263862CC**

**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**

**01/28/2022**

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

\_\_\_\_\_  
Date