

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000056060

**Entity Name:** VASCULAR SPECIALISTS OF VENICE AND SARASOTA, P.L.

**Current Principal Place of Business:**

600 N. CATTLEMEN RD.  
SUITE 100  
SARASOTA, FL 34232

**Current Mailing Address:**

600 N. CATTLEMEN RD.  
SUITE 100  
SARASOTA, FL 34232 US

**FEI Number:** 20-4412509

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KELLY, CHARLES MJR.  
2390 TAMiami TRAIL NORTH  
SUITE 204  
NAPLES, FL 34103 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 MGRM  
Name GRUBBS, GERALD EM.D.  
Address 600 N. CATTLEMEN RD SUITE 100  
City-State-Zip: SARASOTA FL 34232

*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:** GERALD GRUBBS MD

**MANAGER**

**03/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date