

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000025680

**Entity Name:** VEDA R. VYAS, M.D., LLC

**Current Principal Place of Business:**

1801 LEE RD  
SUITE # 220  
WINTER PARK, FL 32789

**Current Mailing Address:**

1801 LEE RD  
SUITE # 220  
WINTER PARK, FL 32789 US

**FEI Number:** 20-0965468

**Certificate of Status Desired:** Yes

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

VYAS, VEDA R. DR.  
1801 LEE RD #220  
WINTER PARK, FL 32789 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:** VEDA R. VYAS, M.D.,

10/25/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title M.D., /OWNER  
Name VYAS, VEDA R  
Address 1801 LEE ROAD SUITE 220  
City-State-Zip: WINTER PARK FL 32789

Title AMBR  
Name ANURADHA, VYAS V  
Address 991 BRIGHTWATER CIRCLE  
City-State-Zip: MAITLAND FL 32751

*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:** VEDA RAMARAO VYAS M.D.

OWNER

10/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date