

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000062599

Entity Name: COASTAL VASCULAR CONSULTING, LLC

Current Principal Place of Business:

2013 LIVE OAK BLVD

C

SAINT CLOUD, FL 34771

Current Mailing Address:

2013 LIVE OAK BLVD

C

SAINT CLOUD, FL 34771 US

FEI Number: 45-5225170

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIERICKX, DARRYN T

2013 LIVE OAK BLVD

C

SAINT CLOUD, FL 34771 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 DIERICKX, DARRYN T

Address 2013 LIVE OAK BLVD C

City-State-Zip: SAINT CLOUD FL 34771

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARRYN TRENT DIERICKX

MGRM

02/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date