

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000094623

**FILED**  
**Mar 27, 2014**  
**Secretary of State**  
**CC6470945859**

**Entity Name:** PALM VASCULAR CENTER OF BROWARD, LLC

**Current Principal Place of Business:**

3109 STIRLING ROAD  
SUITE 100  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

3109 STIRLING ROAD  
SUITE 100  
FORT LAUDERDALE, FL 33312 US

**FEI Number:** 37-1737306

**Certificate of Status Desired:** No

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

PVC MANAGEMENT, LLC  
400 WEST 41ST STREET  
SUITE 310  
MIAMI BEACH, FL 33140 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 NORTH BROWARD RADIOLOGISTS,  
P.A.  
Address 1801 SOUTH PERIMETER ROAD,  
SUITE 180  
City-State-Zip: FORT LAUDERDALE FL 33309

Title MGRM  
Name BLUE MARINA INVESTMENTS, LLC  
Address 400 WEST 41ST STREET, SUITE 310  
City-State-Zip: MIAMI BEACH FL 33140

Title MGR  
Name PVC MANAGEMENT, LLC  
Address 400 WEST 41ST STREET, SUITE 310  
City-State-Zip: MIAMI BEACH FL 33140

*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:** PVC MANAGEMENT

**MANAGER**

**03/27/2014**

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

\_\_\_\_\_  
Date