

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000042421

Entity Name: COASTAL VASCULAR & IMAGING, LLC

Current Principal Place of Business:

415 S. WICKHAM RD
WEST MELBOURNE, FL 32904

Current Mailing Address:

415 S. WICKHAM RD
WEST MELBOURNE, FL 32904 US

FEI Number: 47-3388187

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUNFEE, BRIAN
319 LANSING ISLAND DR
SATELLITE BEACH, FL 32937 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: BRIAN DUNFEE

01/15/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name KENNEDY, ROBERT
Address 319 LANSING ISLAND DR.
City-State-Zip: SATELLITE BEACH FL 32937

Title AMBR
Name DUNFEE, BRIAN
Address 319 LANSING ISLAND DR.
City-State-Zip: SATELLITE BEACH FL 32937

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: DUNFEE , BRIAN

AMBR

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date