2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2016
Secretary of State
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Entity Name: COASTAL VASCULAR & IMAGING, LLC

Current Principal Place of Business:

319 LANSING ISLAND DR.
SATELLITE BEACH, FL 32937

Current Mailing Address:

319 LANSING ISLAND DR.
SATELLITE BEACH, FL 32937 US

FEI Number: 47-3388187

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WIDERMAN MALEK, PL C/O J. MARK INGRAM
1990 W. NEW HAVEN AVE.
SUITE #201
MELBOURNE, FL 32904 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: J. MARK INGRAM 07/25/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	KENNEDY, ROBERT	Name	DUNFEE, BRIAN
Address	319 LANSING ISLAND DR.	Address	319 LANSING ISLAND DR.
City-State-Zip:	SATELLITE BEACH FL 32937	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: ROBERT KENNEDY AMBR 07/25/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date