

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000147602

**Entity Name:** INTERVENTIONAL & VASCULAR CENTER, PLLC

**Current Principal Place of Business:**

415 S. WICKHAM RD.  
WEST MELBOURNE, FL 32904

**Current Mailing Address:**

415 S. WICKHAM RD.  
WEST MELBOURNE, FL 32904

**FEI Number:** 47-4999012

**Certificate of Status Desired:** No

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

SCHICK, DAVID L. ESQ.  
200 S. ORANGE AVENUE  
SUITE 2300  
ORLANDO, FL 32801 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:** DAVID L. SCHICK

08/06/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	DUNFEE, BRIAN L	Name	KENNEDY, ROBERT J
Address	415 S. WICKHAM RD.	Address	415 S. WICKHAM RD.
City-State-Zip:	WEST MELBOURNE FL 32904	City-State-Zip:	WEST MELBOURNE FL 32904

*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

MEMBER

08/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date