

2025 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:

DUNFEE, BRIAN L
415 S. WICKHAM RD
WEST 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: DUNFEE , BRIAN L

04/21/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title AMBR
Name KENNEDY, ROBERT J
Address 415 S. WICKHAM RD.
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: DUNFEE , BRIAN L

AMBR

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date