2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2017
Secretary of State
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Entity Name: PROVAS - PROFESSIONAL VASCULAR ACCESS SPECIALIST, LLC

Current Principal Place of Business:

275 N GAINES ST
OAK HILL, FL 32759

Current Mailing Address:

PO BOX 731
OAK HILL, FL 32759 US

FEI Number: 81-4496617

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IASIMONE, BETH
275 N GAINES ST
OAK HILL, FL 32759 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	MGR	Title	AMBR
Name	IASIMONE, BETH A	Name	ORTEGA, SERGIO
Address	PO BOX 731	Address	2639 BAYWOOD DRIVE
City-State-Zip:	OAK HILL FL 32759	City-State-Zip:	TITUSVILLE FL 32780

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: BETH A IASIMONE MGR 05/01/2017

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