

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000016997

**Entity Name:** SUNRISE VASCULAR CENTER, LLC

**Current Principal Place of Business:**

13713 NW 18TH ST  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

13713 NW 18TH ST  
PEMBROKE PINES, FL 33028 US

**FEI Number: 81-5094203**

**Certificate of Status Desired: No**

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

NAIR, SREEJIT  
13713 NW 18TH ST  
PEMBROKE PINES, FL 33028 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  
Name NAIR, SREEJIT  
Address 13713 NW 18TH ST  
City-State-Zip: PEMBROKE PINES FL 33028

*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: SREEJIT NAIR** \_\_\_\_\_

**MEMBER**

**02/05/2025**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date