

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000016997

Entity Name: SUNRISE VASCULAR CENTER, LLC

Current Principal Place of Business:

8555 NW 165 TERRACE
MIAMI LAKES, FL 33016

Current Mailing Address:

8555 NW 165 TERRACE
MIAMI LAKES, FL 33016

FEI Number: 81-5094203

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAIR, SREEJIT
8555 NW 165 TERRACE
MIAMI LAKES, FL 33016 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 8555 NW 165 TERRACE
City-State-Zip: MIAMI LAKES FL 33016

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

01/14/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date