2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2020
Secretary of State
7387089664CC

DOCUMENT# L17000018091

Entity Name: COMPREHENSIVE VASCULAR CENTERS, LLC

Current Principal Place of Business:

19111 COLLINS AVENUE
SUNNY ISLES, FL 33160

Current Mailing Address:

1 ELEVEN RIVER
ROCKY RIVER, OH 44116 US

FEI Number: 81-5063355

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAWKINS, ANN MARIE
506 SW FEDERAL HWY
STUART, FL 34994 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	ANTON, HANY M.D.
Address	1 ELEVEN RIVER
City-State-Zip:	ROCKY RIVER 44116

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: HANY ANTON MANAGER 03/04/2020

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