2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2018
Secretary of State
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Entity Name: KEY WEST VASCULAR INSTITUTE, LLC

Current Principal Place of Business:

1111 12TH STREET
SUITE 210
KEY WEST, FL 33040

Current Mailing Address:

1111 12TH STREET
SUITE 210
KEY WEST, FL 33040

FEI Number: 82-0860654

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUTKA, STEPHANIE
16422 SW 94TH ST
MIAMI, FL 33196 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	BUTKA, STEPHANIE
Address	16422 SW 94TH ST
City-State-Zip:	MIAMI FL 33196

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: STEPHANIE BUTKA MANAGER 04/29/2018

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