

2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000226321

Entity Name: HUDSON HEART AND VASCULAR INSTITUTE, LLC

Current Principal Place of Business:

13944 LAKESHORE BLVD
SUITE E
HUDSON, FL 34667

Current Mailing Address:

13944 LAKESHORE BLVD
SUITE E
HUDSON, FL 34667 US

FEI Number: 82-5502920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMIREDDY, KESHAV
13944 LAKESHORE BLVD
SUITE E
HUDSON, FL 34667 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 AMBR
Name RAMIREDDY, KESHAV
Address 13944 LAKESHORE BLVD, SUITE E
City-State-Zip: HUDSON FL 34667

Title AMBR
Name CHADDA, NADER
Address 13944 LAKESHORE BLVD, SUITE E
City-State-Zip: HUDSON FL 34667

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: KESHAV RAMIREDDY

AMBR

02/27/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date