

**2023 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	Title	AMBR
Name	RAMIREDDY, KESHAV	Name	CHADDA, NADER
Address	13944 LAKESHORE BLVD, SUITE E	Address	13944 LAKESHORE BLVD, SUITE E
City-State-Zip:	HUDSON FL 34667	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

01/28/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date