

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000054142

**Entity Name:** ADVANCED VASCULAR SOLUTIONS LLC

**Current Principal Place of Business:**

5081 RIVER BIRCH WAY  
VERO BEACH, FL 32967

**Current Mailing Address:**

5081 RIVER BIRCH WAY  
VERO BEACH, FL 32967 US

**FEI Number: 84-4744855**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MADI SHALHOUB, HALA A.  
13110 US HIGHWAY 1  
SEBASTIAN, FL 32958 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            MADI-SHALHOUB, HALA A  
Address        5081 RIVER BIRCH WAY  
City-State-Zip: VERO BEACH FL 32967

Title            AMBR  
Name            SHALHOUB, HADI A  
Address        13110 US HWY 1  
City-State-Zip: SEBASTIAN FL 32958

*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: HALA A. MADI-SHALHOUB**

**OWNER/MANAGING  
DIRECTOR**

**03/12/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date