

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000207772

Entity Name: CENTER FOR VASCULAR MEDICINE FL, PLLC

Current Principal Place of Business:

7474 GREENWAY CENTER DRIVE
SUITE 900
GREENBELT, MD 20770

Current Mailing Address:

7474 GREENWAY CENTER DRIVE
SUITE 900
GREENBELT, MD 20770 US

FEI Number: 86-3987605

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
155 OFFICE PLAZA DRIVE
1ST FLOOR
TALLAHASSEE, FL 32301 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 MBR
Name LAKHANPAL, SANJIV
Address 7474 GREENWAY CENTER DRIVE,
SUITE 900
City-State-Zip: GREENBELT MD 20770

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: DR. SANJIV LAKHANPAL

MEMBER

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date