

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000494637

Entity Name: VASCULAR CIRCULATION THERAPY LLC

Current Principal Place of Business:

66 WEST FLORIDA STREET
SUITE 900 #8608
MIAMI, FL 33130

Current Mailing Address:

66 WEST FLORIDA STREET
SUITE 900 #8608
MIAMI, FL 33130 US

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LAWRENCE, LATORIA P
3502 E OSBORNE AVE
231
TAMPA, FL 33610 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 LAWRENCE, LATORIA
Address 3502 E OSBORNE AVE
231
City-State-Zip: TAMPA FL 33610

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: LATORIA LAWRENCE

OWNER

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date