

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000139446

**Entity Name:** MVM CARDIAC AND VASCULAR ASSOCIATES, LLC

**Current Principal Place of Business:**

8720 NORTH KENDALL DR  
SUITE 108  
MIAMI, FL 33176

**Current Mailing Address:**

8720 NORTH KENDALL DR  
SUITE 108  
MIAMI, FL 33176 US

**FEI Number:** 99-2050636

**Certificate of Status Desired:** Yes

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

CHAINANI, VINOD  
8720 NORTH KENDALL DR  
SUITE 108  
MIAMI, FL 33176 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	Title	MGR
Name	TEWANI, MONICA	Name	CHAINANI, VINOD
Address	8720 NORTH KENDALL DR SUITE 108	Address	8720 NORTH KENDALL DR SUITE 108
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

*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:** VINOD CHAINANI

**PRESIDENT**

**04/24/2025**

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

\_\_\_\_\_  
Date