

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000421917

Entity Name: INTEGRA VASCULAR OF FLORIDA LLC

Current Principal Place of Business:

12 FRANKLIN PLACE
WOODMERE, NY 11598

Current Mailing Address:

12 FRANKLIN PLACE
WOODMERE, NY 11598

FEI Number: 87-3720366

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAVES, JEREMY K
2876 BALTING PLACE
MELBOURNE, FL 32940 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 ELCHONEN, EFRAIM
Address 12 FRANKLIN PLACE
City-State-Zip: WOODMERE NY 11598

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: EFRAIM ELCHONEN

MANAGER

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date