

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000010961

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED VEIN AND VASCULAR SPECIALISTS, PLLC

**Current Principal Place of Business:**

350 NW 82ND AVENUE  
DORAL, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

350 NW 82ND AVENUE  
DORAL, FL 33166 US

**New Mailing Address:**

**FEI Number:** 26-1869015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE MEDI-LAW FIRM  
1400 NW 10TH AVE. PH 3  
MIAMI, FL 33136 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SEGUROLA, ROMUALDO J JR.  
**Address:** 740 DAVIS ROAD  
**City-St-Zip:** CORAL GABLES, FL 33143 US

**Title:** MGRM  
**Name:** REGO, ALFREDO  
**Address:** 10800 BLUE PALM STREET  
**City-St-Zip:** PLANTATION, FL 33324 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** ROMUALDO J SEGUROLA JR

MGRM

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date