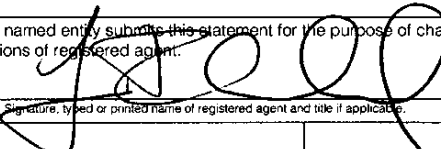


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90027 013 ****50.00

DOCUMENT # L02000022215 1. Entity Name MIAMI VEIN CENTER, LLC					
Principal Place of Business 9090 SOUTHWEST 87TH COURT, STE. #200 MIAMI, FL 33176			Mailing Address 9090 SOUTHWEST 87TH COURT, STE. #200 MIAMI, FL 33176		
2. Principal Place of Business 1501 S Miami Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 1365 Suite, Apt. #, etc.			
City & State Miami FL Zip 33129		City & State Key Biscayne Zip 33149		4. FEI Number 16-1624374	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALMEIDA, YVETTE 9090 SW 87 CT STE 200 MIAMI, FL 33176			7. Name and Address of New Registered Agent Name Jose I. Almeida, MD Street Address (P.O. Box Number is Not Acceptable) 830 Hampton Lane City Key Biscayne		
State FL			Zip Code 33149		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME ALMEIDA, YVETTE		TITLE Jose I. Almeida, MD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9090 SOUTHWEST 87TH COURT, STE. #200	CITY-ST-ZIP MIAMI, FL 33176		STREET ADDRESS 830 Hampton Lane		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		CITY-ST-ZIP Key Biscayne FL 33149		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS NAME		CITY-ST-ZIP NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NAME	CITY-ST-ZIP NAME		CITY-ST-ZIP NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAME	<input type="checkbox"/> Delete		CITY-ST-ZIP NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAME	<input type="checkbox"/> Delete		CITY-ST-ZIP NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAME	<input type="checkbox"/> Delete		CITY-ST-ZIP NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAME	<input type="checkbox"/> Delete		CITY-ST-ZIP NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					