

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000022215

Entity Name: MIAMI VEIN CENTER, LLC

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1501 S MIAMI AVE  
MIAMI, FL 33129 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 491365  
KEY BISCAYNE, FL 33149 US

**New Mailing Address:**

FEI Number: 16-1624374      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALMEIDA, JOSE  
1501 S MIAMI AVE  
MIAMI, FL 33129 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: MGR  
Name: ALMEIDA, JOSE I MD  
Address: 1501 S MIAMI AVE  
City-St-Zip: MIAMI, FL 33129 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: JOSE ALMEIDA

MGR

02/03/2012

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