

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000022215

**Entity Name:** MIAMI VEIN CENTER, LLC

**Current Principal Place of Business:**

1501 S MIAMI AVE  
MIAMI, FL 33129

**Current Mailing Address:**

PO BOX 491365  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 16-1624374

**Certificate of Status Desired:** Yes

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

ALMEIDA, JOSE  
1501 S MIAMI AVE  
MIAMI, FL 33129 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 ALMEIDA, JOSE IMD  
Address 1501 S MIAMI AVE  
City-State-Zip: MIAMI FL 33129

*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:** JOSE I. ALMEIDA

MGR

04/10/2014

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

\_\_\_\_\_  
Date