

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025962

Entity Name: PALMS WEST VEIN INSTITUTE, LLC

Current Principal Place of Business:

6123 WILDCAT RUN
WEST PALM BEACH, FL 33412

Current Mailing Address:

13005 SOUTHERN BLVD., #221
LOXAHATCHEE, FL 33470 US

FEI Number: 20-4473991

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TORO, JAIME
6123 WILDCAT RUN
WEST PALM BEACH, FL 33412 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 MGRM
Name TORO, JAIME
Address 6123 WILDCAT RUN
City-State-Zip: WEST PALM BEACH FL 33412

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAIME TORO

PARTNER

01/18/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date