

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000095048

Entity Name: ENDOVENOUS ASSOCIATES LLC

Current Principal Place of Business:

1501 S MIAMI AVE
MIAMI, FL 33129

Current Mailing Address:

1501 S MIAMI AVE
MIAMI, FL 33129

FEI Number: 27-3443392

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALMEIDA, JOSE IMD
1501 SOUTH MIAMI AVENUE
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	Title	S
Name	ALMEIDA, JOSE I	Name	ALMEIDA, JOSE I
Address	1501 S MIAMI AVE	Address	1501 S MIAMI AVE
City-State-Zip:	MIAMI FL 33129	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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE I ALMEIDA MD

MANAGER

02/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date