

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000007612

FILED
Nov 12, 2007
Secretary of State

Entity Name: THE VASCULAR CLINIC & COSMETIC VEIN TREATMENT CENTER, P.L.

Current Principal Place of Business:

550 W REDSTONE AVE
SUITE 430
CRESTVIEW, FL 32536

New Principal Place of Business:

720 W OAK ST
SUITE 314
KISSIMMEE, FL 34741

Current Mailing Address:

550 W REDSTONE AVE
SUITE 430
CRESTVIEW, FL 32536

New Mailing Address:

720 W OAK ST
SUITE 314
KISSIMMEE, FL 34741

FEI Number: 02-0575794 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LOZIER, DANIEL R
24 WEST CHASE STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

SCOTT R. HANNUM, DO
720 W OAK ST
SUITE 314
KISSIMMEE, FL 34741 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: NILSA SOTO, BOM

11/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HANNUM, SCOTT R. D.O.
Address: 131 REDSTONE, SUITE 105
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HANNUM, SCOTT R D.O.
Address: 720 W OAK ST
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: NILSA SOTO,BOM

MNGR

11/12/2007

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