

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000007612

FILED
Jul 23, 2009
Secretary of State

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

Current Principal Place of Business:

720 W OAK ST
SUITE 314
KISSIMMEE, FL 34741

New Principal Place of Business:

720 W OAK ST
SUITE 380
KISSIMMEE, FL 34741

Current Mailing Address:

720 W OAK ST
SUITE 314
KISSIMMEE, FL 34741

New Mailing Address:

720 W OAK ST
SUITE 380
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:

SCOTT R. HANNUM, DO
720 W OAK ST
SUITE 314
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

SCOTT R. HANNUM, DO
720 W OAK ST
SUITE 380
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: SCOTT R. HANNUM, D.O.

07/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HANNUM, SCOTT R D.O.
Address: 720 W OAK ST SUITE 380
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: SCOTT R. HANNUM, D.O.

MGRM

07/23/2009

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