

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90147 006 ***150.00

DOCUMENT # L02000030039

1. Entity Name

SOUTHEAST VASCULAR GROUP, P.L.



Principal Place of Business

1717 NORTH E STREET STE. 238
PENSACOLA, FL 32507

Mailing Address

5147 N 9TH AVE
G01
PENSACOLA, FL 32504



03032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1563304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

YONEHIRO, LAYNE RADKIN MD
1717 NORTH E STREET STE. 238
PENSACOLA, FL 32507

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE : MGRM
NAME YONEHIRO, LAYNE R
STREET ADDRESS 1717 N E ST STE 238
CITY- ST- ZIP PENSACOLA, FL 32501

TITLE : MGRM
NAME KAFIE, FERNANDO E MD
STREET ADDRESS 1717 N. "E" ST., STE 238
CITY- ST- ZIP PENSACOLA, FL 32501

TITLE
NAME
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CITY- ST- ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

3/16/06

Daytime Phone #