

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90350 003 ****50.00

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**

60034148



DO NOT WRITE IN THIS SPACE

03192007 No Chg-LLC

CR2E083 (11/05)

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**

**DO NOT WRITE
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 *X* *Yelkany*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *X 3/26/07*

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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* *Yelkany*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date *X 3/26/07*

Daytime Phone #

ATTACHMENT

60034148

L02060030039

2007 TAX RETURN FILING INSTRUCTIONS

2007 UNIFORM BUSINESS REPORT

FOR THE YEAR ENDING

December 31, 2006

Prepared for	Southeast Vascular Group P.L. 1717 N. E Street, Suite 238 Pensacola, FL 32501
Prepared by	O'Sullivan Creel, LLP 316 S. Baylen St. Suite 300 Pensacola, FL 32502
Amount due or refund	Balance due \$50.00
Make check payable to	Department of State
Mail tax return and check (if applicable) to	Division of Corporations P. O. Box 6198 Tallahassee, FL 32314
Return must be mailed on or before	May 1, 2007
Special Instructions	The return should be signed and dated. Include your tax identification number on your check.