

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030039

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: SOUTHEAST VASCULAR GROUP, P.L.

## Current Principal Place of Business:

1717 NORTH E STREET STE. 238  
PENSACOLA, FL 32507

## New Principal Place of Business:

1717 NORTH E STREET STE. 533  
PENSACOLA, FL 32501

## Current Mailing Address:

5147 N 9TH AVE  
G01  
PENSACOLA, FL 32504

## New Mailing Address:

FEI Number: 42-1563304      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

YONEHIRO, LAYNE RADKIN MD  
1717 NORTH E STREET STE. 533  
PENSACOLA, FL 32501      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:

01/21/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: YONEHIRO, LAYNE R  
Address: 1717 N E ST STE 238  
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM ( ) Delete  
Name: KAFIE, FERNANDO E MD  
Address: 1717 N. 'E' ST., STE 238  
City-St-Zip: PENSACOLA, FL 32501

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: YONEHIRO, LAYNE R  
Address: 1717 N E ST STE 533  
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM (X) Change ( ) Addition  
Name: KAFIE, FERNANDO E MD  
Address: 1717 N. 'E' ST., STE 533  
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM ( ) Change (X) Addition  
Name: ALLMON, JON C  
Address: 1717 N. 'E' ST., STE 533  
City-St-Zip: PENSACOLA, FL 32501

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: LAYNE R. YONEHIRO

MGRM

01/21/2008

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