2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# L02000030039

Entity Name: SOUTHEAST VASCULAR GROUP, P.L.

Current Principal Place of Business:

1717 NORTH E STREET STE. 533
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

5147 N 9TH AVE
G01
PENSACOLA, FL 32504

New Mailing Address:

5149 N 9TH AVE
G21
PENSACOLA, FL 32504

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. 533
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	YONEHIRO, LAYNE R	
Address:	1717 N E ST STE 533	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	MGRM	( ) Delete
Name:	KAFIE, FERNANDO E MD	
Address:	1717 N. `E" ST., STE 533	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	MGRM	( ) Delete
Name:	ALLMON, JON C	
Address:	1717 N. `E" ST., STE 533	
City-St-Zip:	PENSACOLA, FL 32501	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 01/23/2009

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