

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90076 042 ****55.00

0012597

DOCUMENT # L02000030624

1. Entity Name

VEIN TREATMENT CENTRE OF BRICKELL,LLC



Principal Place of Business

**1450 SOUTH MIAMI AVENUE
MIAMI FL 33143
US**

Mailing Address

**770 SW 21 ROAD
MIAMI FL 33129
US**

2. Principal Place of Business

848 Brickell Avenue

3. Mailing Address

Suite, Apt. #, etc.

Penthouse 2

**City & State
Miami, FL**

City & State

**Zip
33131**

**Country
Dade**

Zip

Country

4. FEI Number

33-1035560

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RIVERA, LEONOR
770 SW 21 ROAD
MIAMI FL 33129**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **President** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **President** ☐ Change ☒ Addition
NAME **Leonor Rivera**
STREET ADDRESS **770 SW 21 Road**
CITY-ST-ZIP **Miami, FL 33129**

TITLE **Vice-President** ☐ Change ☒ Addition
NAME **Dr. Michael Alea, M.D.**
STREET ADDRESS **6670 SW 69th LN**
CITY-ST-ZIP **Miami, FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leonor Rivera REQUIRED

4-2-03 305-519-1756

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

Date

Daytime Phone #

CR2E083 (10/02)