

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000003099

1. Entity Name
**VASCULAR & INTERVENTIONAL PHYSICIANS LIMITED
LIABILITY COMPANY**



Principal Place of Business
**901 N.W. 57TH STREET
GAINESVILLE, FL 32605**

Mailing Address
**901 N.W. 57TH STREET
GAINESVILLE, FL 32605**



01102006No Chg-LLC

CR2ED83 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2027489

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

**WARE, DAN E
6716 N.W. 11TH PLACE
GAINESVILLE, FL 32605**

**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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCNEELY, GWYN F
6716 NORTHWEST 11TH PLACE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ELLIOTT, JOHN E
6716 NORTHWEST 11TH PLACE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
O'CONNOR, GERARD A
6716 NORTHWEST 11TH PLACE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KINARD, RICHARD E
6716 NORTHWEST 11TH PLACE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
YANCEY, JUDITH M
6716 NORTHWEST 11TH PLACE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STORK, JOHN J
6716 NORTHWEST 11TH PLACE
GAINESVILLE, FL 32605**

1108000401320
02/02/06-80039-022 50.00

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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 _____

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

1-1206

Date

City/State/Phone #