


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90183 012 ****50.00

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																								
2. Principal Place of Business - No P.O. Box # 6716 NW 11th Pl		3. Mailing Address 6716 NW 11th Pl																								
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																								
City & State Gainesville, FL		City & State Gainesville FL																								
Zip 32605		Zip 32605																								
Country 		Country 																								
4. FEI Number 20-2027489		Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																								
6. Name and Address of Current Registered Agent WARE, DAN E 6716 N.W. 11TH PLACE GAINESVILLE, FL 32605		7. Name and Address of New Registered Agent Name Wiechmann Bret N Street Address (P.O. Box Number is Not Acceptable) 6716 NW 11th Pl. City Gainesville FL Zip Code 32605																								
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <u><i>Bret N Wiechmann</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 3/26/07 <small>DATE</small> </div> </div>																										
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																								
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																								
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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: <u><i>Bret N Wiechmann</i></u> 3/26/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																										