

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000003099

1. Entity Name  
VASCULAR & INTERVENTIONAL PHYSICIANS LIMITED  
LIABILITY COMPANY



Principal Place of Business  
6716 NW 11TH PLACE  
GAINESVILLE, FL 32605

Mailing Address  
6716 NW 11TH PLACE  
GAINESVILLE, FL 32605

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90139 018 \*\*\*138.75



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-2027489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIECHMANN, BRETT N  
6716 NW 11TH PLACE  
GAINESVILLE, FL 32605

Name

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

City

**FL**

Zip Code

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WIECHMANN, BRET N  
6716 NW 11TH PLACE  
GAINESVILLE, FL 32605 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

*James B. Vogler* James B Vogler

1/30/08

352 313 6879

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

Date

Daytime Phone #