2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# L05000003099

Entity Name: VASCULAR & INTERVENTIONAL PHYSICIANS LIMITED LIABILITY COMPANY

Current Principal Place of Business:

6716 NW 11TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6716 NW 11TH PLACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 20-2027489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KIM, JONG H
6716 NW 11TH PLACE
GAINESVILLE, FL 32605 US

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: JONG H KIM 02/18/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WIECHMANN, BRET N
Address: 6716 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

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: BRET N WIECHMANN MGRM 02/18/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date