

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013807

FILED
Jul 06, 2007
Secretary of State

Entity Name: COMPREHENSIVE VEIN CLINIC OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

1940 N.E. 47TH STREET, SUITE 1
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

1940 N.E. 47TH STREET, SUITE 1
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 20-2327354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HABAL, SALEM M M.D
1940 N.E. 47TH STREET, SUITE 1
FORT LAUDERDALE, FL 33308 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: M.D () Delete
Name: HABAL, SALEM M M.D
Address: 1940 NE 47 STREET
City-St-Zip: FT. LAUDERDALE, FL 33308

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: SALEM M HABAL MD

PRES

07/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date