2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L05000013807

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 04/29/2009

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