

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000013807

**FILED**  
**Sep 16, 2010**  
**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 ( )**

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

I hereby 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

09/16/2010

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