

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000018039

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** ARTERY AND VEIN GROUP, L.L.C.

**Current Principal Place of Business:**

1200 SLIGH BLVD.  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

1200 SLIGH BLVD.  
ORLANDO, FL 32806 US

**New Mailing Address:**

**FEI Number:** 20-2373408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEATHERFORD, WILLIAM P JR  
1150 LOUISIANA AVENUE  
SUITE 4  
WINTER PARK, FL 32789 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:** MGR  
**Name:** COHEN, MICHAEL J M.D.  
**Address:** 1200 SLIGH BLVD.  
**City-St-Zip:** ORLANDO, FL 32806 US

**Title:** MGR  
**Name:** THOMPSON, CHARLES S M.D.  
**Address:** 1200 SLIGH BLVD.  
**City-St-Zip:** ORLANDO, FL 32806 US

**Title:** MGR  
**Name:** WESLEY, JON M M.D.  
**Address:** 1200 SLIGH BLVD.  
**City-St-Zip:** ORLANDO, FL 32806 US

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:** DR. MICHAEL COHEN

MGR

02/16/2010

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