

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000110417

FILED
Oct 23, 2008
Secretary of State

Entity Name: ADVANCED VEIN SOLUTIONS, LLC

Current Principal Place of Business:

500 NW 43RD STREET, SUITE 2
GAINESVILLE, FL 32607

New Principal Place of Business:

500 NW 43RD STREET
SUITE 2
GAINESVILLE, FL 32607

Current Mailing Address:

500 NW 43RD STREET, SUITE 2
GAINESVILLE, FL 32607

New Mailing Address:

500 NW 43RD STREET
SUITE 2
GAINESVILLE, FL 32607

FEI Number: 20-3814526 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

KOPPEL, SCOTT
500 NW 43RD STREET, SUITE 2
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

KOPPEL, SCOTT
500 NW 43RD STREET
SUITE 2
GAINESVILLE, FL 32607 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: SCOTT KOPPEL

10/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR. () Delete
Name: KOPPEL, SCOTT
Address: 500 NW 43RD STREET, SUITE 2
City-St-Zip: GAINESVILLE, FL 32607

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: SCOTT KOPPEL

DR.

10/23/2008

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