

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117583

FILED
Jun 29, 2009
Secretary of State

Entity Name: VEIN CLINIC OF THE PALM BEACHES, LLC

Current Principal Place of Business:

1920 PALM BEACH LAKE BLD. SUITE 115
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

255 EVERNIA STREET, APT. 1008
WEST PALM BEACH, FL 334015686

New Mailing Address:

FEI Number: 03-0575908 **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:

ROSAS, LUIS R
255 EVERNIA STREET, APT. 1008
WEST PALM BEACH, FL 334015686 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: MGRM () Delete
Name: ROSAS, LUIS R
Address: 255 EVERNIA STREET, APT. 1008
City-St-Zip: WEST PALM BEACH, FL 334015686

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: LUIS R. ROSAS

MGRM

06/29/2009

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