

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068275

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: SOUTH FLORIDA VEIN INSTITUTE, LLC

## Current Principal Place of Business:

18911 COLLINS AVENUE  
#701  
MIAMI, FL 33160

## New Principal Place of Business:

18800 NE 29TH AVE  
BAY 7-8  
AVENTURA, FL 33180

## Current Mailing Address:

18911 COLLINS AVENUE  
#701  
MIAMI, FL 33160

## New Mailing Address:

3330 NE 190 ST.  
APT.2515  
AVENTURA, FL 33180

FEI Number: 20-5319817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEHAR, ROBERT  
7171 CORAL WAY, SUITE 303  
MIAMI, FL 33155 US

## Name and Address of New Registered Agent:

WAGNER, ABRAHAM  
7000 SW 62 AVE  
SUITE 310  
SOUTH MIAMI, FL 33143 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: ABRAHAM WAGNER

04/14/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WAGNER, ABRAHAM  
Address: 18911 COLLINS AVENUE, #701  
City-St-Zip: MIAMI, FL 33160

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WAGNER, ABRAHAM  
Address: 3330 NE 190ST APT.2515  
City-St-Zip: AVENTURA, FL 33180

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: ABRAHAM WAGNER

DR

04/14/2008

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