

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068275

FILED  
May 26, 2009  
Secretary of State

Entity Name: SOUTH FLORIDA VEIN INSTITUTE, LLC

## Current Principal Place of Business:

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

## New Principal Place of Business:

20201 N.E. 21ST AVENUE  
MIAMI, FL 33179

## Current Mailing Address:

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

## New Mailing Address:

20201 N.E. 21ST AVENUE  
MIAMI, FL 33179

FEI Number: 20-5319817      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

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

## Name and Address of New Registered Agent:

WAGNER, ABRAHAM  
20201 N.E. 21ST AVENUE  
MIAMI, FL 33179 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:

05/26/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WAGNER, ABRAHAM  
Address: 20201 N.E. 21ST AVENUE  
City-St-Zip: MIAMI, FL 33179

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

MGRM

05/26/2009

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