2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010961

MIAMI, FL 33133

Name:

Entity Name: ADVANCED VEIN AND VASCULAR SPECIALISTS, PLLC

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3661 SOUTH MIAMI AVE. 350 NW 82ND AVENUE SUITE 906 DORAL, FL 33166

Current Mailing Address: New Mailing Address:

3661 SOUTH MIAMI AVE. 350 NW 82ND AVENUE SUITE 906 DORAL, FL 33166 US MIAMI, FL 33133 US

FEI Number: 26-1869015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THE LAW OFFICES OF MAX A. ADAMS, ESQ., PLL THE MEDI-LAW FIRM 10650 PARIS ST. 1400 NW 10TH AVE. PH 3 COOPER CITY, FL 33026 US MIAMI, FL 33136

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: MAX A. ADAMS, ESQ 01/19/2009

> Electronic Signature of Registered Agent Date

> > Name:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: () Change () Addition

SEGUROLA, ROMUALDO J JR. Address: 740 DAVIS ROAD Address: City-St-Zip: CORAL GABLES, FL 33143 US City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

REGO, ALFREDO Name: Name: Address: 10800 BLUE PALM STREET Address: City-St-Zip: PLANTATION, FL 33324 US 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: ROMUALDO J SEGUROLA **MGRM** 01/19/2009