

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026606

FILED
Jan 11, 2011
Secretary of State

Entity Name: COMPREHENSIVE VEIN CENTER, LLC

Current Principal Place of Business:

1501 U.S. HWY 441 A STE 1404
THE VILLAGE, FL 32159

New Principal Place of Business:

Current Mailing Address:

1501 U.S. HWY 441 A STE 1404
THE VILLAGE, FL 32159

New Mailing Address:

FEI Number: 26-2167439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAN, TOM T
12114 EAGLE POINT COURT
LEESBURG, FL 34788 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
Name: TRAN, TOM T PA
Address: 12114 EAGLE POINT COURT
City-St-Zip: LEESBURG, FL 34788

Title: MGRM
Name: RICHARDS, MICHAEL G
Address: 1618 MIST FLOWER LANE
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR
Name: DUFFE, YVONNE
Address: 14160 EDEN ISLE BLVD.
City-St-Zip: WINDERMERE, FL 34786

I hereby 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: TOM TRAN

MGRM

01/11/2011

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