

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026606

FILED
Jan 04, 2012
Secretary of State

Entity Name: COMPREHENSIVE VEIN CENTER, PLLC

Current Principal Place of Business:

1050 OLD CAMP ROAD
SUITE 202
THE VILLAGE, FL 32162

New Principal Place of Business:

Current Mailing Address:

1050 OLD CAMP ROAD
SUITE 202
THE VILLAGE, FL 32162

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:

RICHARDS, MICHAEL G
15828 CHESTNUT LN
TAVARES, FL 32778 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: MICHAEL RICHARDS

01/04/2012

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: 15828 CHESTNUT LANE
City-St-Zip: TAVARES, FL 32778

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

Title: MGR
Name: ALATRISTE, ANTHONY MD
Address: 8366 TIBBET BUTLER DRIVE
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: MICHAEL RICHARDS

MGRM

01/04/2012

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