

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062118

FILED
Jan 06, 2009
Secretary of State

Entity Name: WOUND AND VEIN CARE CENTER OF AMERICA, LLC

Current Principal Place of Business:

3636 UNIVERSITY BOULEVARD,SOUTH, BLDG C
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3636 UNIVERSITY BOULEVARD,SOUTH, BLDG C
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 26-2874077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADLER, PHILIP D.P.M.
3636 UNIVERSITY BOULEVARD,SOUTH, BLDG C
JACKSONVILLE, FL 32216 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR () Change (X) Addition
Name: ADLER, PHILIP F
Address: 3636 UNIVERSITY BOULEVARD SOUTH, BLDG C
City-St-Zip: JACKSONVILLE, FL 32216

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: PHILIP ADLER

DR

01/06/2009

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