

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107569

FILED
Jan 10, 2012
Secretary of State

Entity Name: VEIN CENTER OF NORTH FLORIDA, LLC

Current Principal Place of Business:

1920 SW 20TH PLACE, BUILDING 100
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1920 SW 20TH PLACE, BUILDING 100
OCALA, FL 34471

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHANDRA, RAVI MD
1920 SW 20TH PLACE, BUILDING 100
OCALA, FL 34471 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: MS
Name: GAVIN, JAMIE MGR
Address: 1920 SW 20TH PLACE BLDG 100
City-St-Zip: OCALA, FL 34471 US

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: JAMIE GAVIN

MS

01/10/2012

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