

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000038003

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** NORTH BEACH VASCULAR & AESTHETICS, LLC

**Current Principal Place of Business:**

C/O 4000 HOLLYWOOD BOULEVARD  
SUITE 485-SOUTH  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

15400 BISCAYNE BLVD  
SUITE 103  
AVENTURA, FL 33160

**Current Mailing Address:**

C/O 4000 HOLLYWOOD BOULEVARD  
SUITE 485-SOUTH  
HOLLYWOOD, FL 33021

**New Mailing Address:**

15400 BISCAYNE BLVD  
SUITE 103  
AVENTURA, FL 33160

**FEI Number:** 27-2308217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREEN, MITCHELL F  
4000 HOLLYWOOD BOULEVARD  
SUITE 485-SOUTH  
HOLLYWOOD, FL 33021 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: MGR  
Name: GROPPER, ADAM MD  
Address: PO BOX 530543  
City-St-Zip: MIAMI, FL 33153

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: ADAM S. GROPPER, MD

MGR

02/09/2012

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