

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000072155

FILED
Mar 20, 2012
Secretary of State

Entity Name: VASCULAR VEIN CENTER OF KISSIMMEE, PLLC

Current Principal Place of Business:

70 W. GORE STREET, SUITE 202
ORLANDO, FL 32806

New Principal Place of Business:

1128-1130 CYPRESS GLEN CIRCLE
KISSIMMEE, FL 34741

Current Mailing Address:

70 W. GORE STREET, SUITE 202
ORLANDO, FL 32806

New Mailing Address:

1200 EDGEWATER DRIVE
ORLANDO, FL 32804

FEI Number: 27-3157355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R JR. ESQ
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 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: MARTIN, SAMUEL P M.D.
Address: 1200 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

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: SAMUEL P MARTIN, MD.

MGR

03/20/2012

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