2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# L10000072158

Entity Name: VASCULAR VEIN CENTER OF WATERFORD LAKES, PLLC

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 27-3157556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: 70 W. GORE STREET, SUITE 202
City-St-Zip: ORLANDO, FL 32806

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 Statues.

SIGNATURE: SAMUEL P. MARTIN, MD MGR 03/15/2011

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