

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000072162

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** VASCULAR VEIN CENTER OF HAINES CITY, PLLC

**Current Principal Place of Business:**

70 W. GORE STREET  
SUITE 202  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

70 W. GORE STREET  
SUITE 202  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 27-3157203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOWMAN, JR., WILLIAM R ESQ.  
SHUFFIELD, LOWMAN & WILSON, PA  
1000 LEGION PLACE, STE. 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 MD  
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 Statutes.

SIGNATURE: SAMUEL P. MARTIN, MD

MDR

03/15/2011

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