2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2013
Secretary of State
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Entity Name: SUNCOAST VEIN & VASCULAR CLINIC, P.L.C.

Current Principal Place of Business:

880 RIVERSIDE DRIVE
ORMOND BEACH, FL 32716

Current Mailing Address:

880 RIVERSIDE DRIVE
ORMOND BEACH, FL 32716

FEI Number: 33-1187098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SINGIREDDY, SUKHENDER
880 RIVERSIDE DRIVE
ORMOND BEACH, FL 32716 US

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

Authorized Person(s) Detail :

Title	MGRM
Name	SINGIREDDY, SUKHENDER
Address	880 RIVERSIDE DRIVE
City-State-Zip:	ORMOND BEACH FL 32716

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUKHENDER SINGIREDDY MGRM 04/02/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date