

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000035285

Entity Name: VASCULAR VEIN CENTER OF LAKE MARY, PLLC

Current Principal Place of Business:

4106 W. LAKE MARY BLVD
SUITE 325
LAKE MARY, FL 32746

Current Mailing Address:

1200 EDGEWATER DRIVE
ORLANDO, FL 32804

FEI Number: 45-2393424

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL P MARTIN

MANAGER

03/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date