

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000066561

**Entity Name:** CORAL GABLES VEIN SPECIALISTS, LLC

**Current Principal Place of Business:**

2020 PONCE DE LEON BLVD  
SUITE 103  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2020 PONCE DE LEON BLVD  
SUITE 103  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-2721431

**Certificate of Status Desired:** No

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

LOSNER, STEVEN D ESQ  
59 NE 15 STREET  
HOMESTEAD, FL 33030 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	Title	MGRM
Name	PATEL, SHAUN	Name	NGUYEN, MICHAEL
Address	2805 FAIRWAYS DRIVE	Address	2020 PONCE DE LEON BLVD SUITE 103
City-State-Zip:	HOMESTEAD FL 33035	City-State-Zip:	CORAL GABLES FL 33134

*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:** MICHAEL NGUYEN

**MANAGER**

**02/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date