

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000272421

Entity Name: USA VEIN CLINICS OF FLORIDA PLLC

Current Principal Place of Business:

2550 S DIXIE HWY
MIAMI, FL 33133

Current Mailing Address:

2550 S DIXIE HWY
MIAMI, FL 33133

FEI Number: 88-2580055

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 KATSNELSON, YAN
Address 2550 S DIXIE HWY
City-State-Zip: MIAMI FL 33133

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: YAN KATSNELSON

MANAGER

03/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date