

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001940

Entity Name: VEIN CLINICS OF AMERICA, INC.

FILED
Mar 16, 2011
Secretary of State

Current Principal Place of Business:

1901 BUTTERFIELD RD STE 220
DOWNERS GROVE, IL 60515

New Principal Place of Business:

Current Mailing Address:

1901 BUTTERFIELD RD STE 220
DOWNERS GROVE, IL 60515

New Mailing Address:

FEI Number: 36-3533164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: P
Name: DOMAN, DANIEL P
Address: 1901 BUTTERFIELD RD STE 220
City-St-Zip: DOWNERS GROVE, IL 60515

Title: VPD
Name: HIGHAM, JAY
Address: TWO MANHATTANVILLE RD
City-St-Zip: PURCHASE, NY 10577

Title: VPTD
Name: SHEEHAN, TIMOTHY
Address: 1901 BUTTERFIELD RD., SUITE 220
City-St-Zip: DOWNERS GROVE, IL 60515

Title: VPSD
Name: WHITE, CLAUDE E
Address: TWO MANHATTANVILLE RD
City-St-Zip: PURCHASE, NY 10577

Title: VP
Name: VAN DEN HEUVEL, KATHERINE
Address: 1901 BUTTERFIELD RD STE 220
City-St-Zip: DOWNERS GROVE, IL 60515

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLAUDE E. WHITE

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03/16/2011

Electronic Signature of Signing Officer or Director

Date