

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000067759 (8)

1. Corporation Name

VEIN CENTRE OF THE PALM BEACHES, INC.



Principal Place of Business

Mailing Address

2700 PGA BLVD.  
SUITE 103  
PALM BEACH GARDENS FL 33410

2700 PGA BLVD.  
SUITE 103  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

2a. Mailing Address

21 6633 Forest Hill Blvd  
Suite, Apt. #, etc.

26 6633 Forest Hill Blvd  
Suite, Apt. #, etc.

22 City & State  
West Palm Beach

27 City & State  
West Palm Beach

24 Zip  
33413

29 Zip  
33413

9. Name and Address of Current Registered Agent

NAVARRO, ZORAIDA C  
2700 PGA BLVD.  
SUITE 103  
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified

09/12/1994

3a. Date of Last Report

04/21/1995

4. FEI Number

65-0516844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 6633 Forest Hill Blvd

84 City

FL

85 Zip

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and officer applying for change

(NOTE: Registered Agent's signature required for all changes)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
NAVARRO, ZORAIDA C  
STREET ADDRESS  
2700 PGA BLVD., SUITE 103  
CITY-ST-ZIP  
PALM BEACH GARDENS FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/95

Date

Daytime Phone #

CR2E034 (12/95)