

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90033 034 ***150.00

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01162005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0516844** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # P94000067759
 1. Entity Name
VEIN CENTRE OF THE PALM BEACHES, INC.



Principal Place of Business Mailing Address
6633 FOREST HILL BLVD WEST PALM BEACH, FL 33413 US **6633 FOREST HILL BLVD WEST PALM BEACH, FL 33413 US**

2. Principal Place of Business 3. Mailing Address
2090 Palm Beach Lakes Blvd *2090 Palm Beach Lakes Blvd*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 501 *Suite 501*
 City & State City & State
West Palm Beach FL *West Palm Beach FL*
 Zip Country Zip Country
33409 USA *33409 USA*

6. Name and Address of Current Registered Agent
NAVARRO, ZORAIDA C
6633 FOREST HILL BLVD
WEST PALM BEACH, FL 33413

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2090 Palm Beach Lakes Blvd, Suite 501
 City *West Palm Beach* **FL** Zip Code *33409*

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	NAVARRO, ZORAIDA C
STREET ADDRESS	6633 FOREST HILL BLVD
CITY-ST-ZIP	WEST PALM BCH, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>2090 Palm Beach Lakes Blvd, Suite 501</i>
CITY-ST-ZIP	<i>West Palm Beach, FL 33409</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Zoraida Navarro*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #