

P94000067759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

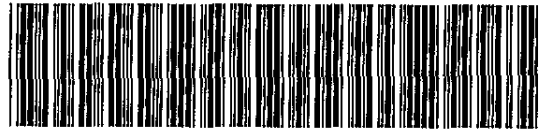
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY -4 PM 3:39

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1/4 N.C.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Vein Centre of the Palm Beaches, Inc

DOCUMENT NUMBER: P94000067759

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zoraida Catherine Navarro MD
(Name of Contact Person)

Vein Centre of the Palm Beaches, Inc
(Firm/ Company)

2090 Palm Beach Lakes Blvd Suite 501
(Address)

West Palm Beach, Florida 33409
(City/ State and Zip Code)

For further information concerning this matter, please call:

Zoraida Catherine Navarro MD at (561) 478-2353
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|--|---|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2006

ZORAIDA CATHERINE NAVARRO MD
VEIN CENTRE OF THE PALM BEACHES, INC.
2090 PALM BEACH LAKES BLVD., STE. 501
WEST PALM BEACH, FL 33409

SUBJECT: VEIN CENTRE OF THE PALM BEACHES, INC.
Ref. Number: P94000067759

We have received your document for VEIN CENTRE OF THE PALM BEACHES, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum
Document Specialist

Letter Number: 306A00029634

The date of each amendment(s) adoption: 04-03-06

Effective date if applicable: 04-03-06
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature Zoraida Navarro MD
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Zoraida Catherine Navarro MD
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35