2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068790

1. Entity Name

COSMETIC VEIN CLINIC OF FLORIDA, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90096 012 ***150.00

Principal Place of Business	Mailing Address
1215 EAST AVENUE SOUTH SUITE 202 SARASOTA FL 34239 US	1215 EAST AVENUE SOUTH SARASOTA FL 34239-2342

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2902 59th St W.	2902 59th St. W.
Suite, Apt. #, etc. Suite M	Suite, Apt. #, etc. Suite M.
City & State Bradenton, FL	City & State Bradenton, FL
Zip 34209 Country USA	Zip 34209 Country USA

4. FEI Number 65-0776841 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PECORARO, JOSEPH
1215 EAST AVENUE SOUTH
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 2902 59th St. W.
Suite M

City Bradenton FL Zip Code 34209

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECORARO, JOSEPH 1215 EAST AVENUE SOUTH SARASOTA FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2902 59th St. W. Suite M Bradenton, FL 34209
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CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Pecoraro 4/19/2000 941-761-1746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Joseph P. Pecoraro, MD Date Daytime Phone #