

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000008362

**Entity Name:** ST JOHNS VEIN CENTER, INC.**Current Principal Place of Business:**8767 PERIMETER PARK BLVD  
JACKSONVILLE, FL 32216**Current Mailing Address:**8767 PERIMETER PARK BLVD  
JACKSONVILLE, FL 32216 US**FEI Number:** 27-1827719**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STGEORGE, JAMES K MD  
8767 PERIMETER PARK BLVD  
JACKSONVILLE, FL 32216 US*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:** JAMES K STGEORGE MD

04/02/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO
Name	STGEORGE, JAMES K MD
Address	11512 LAKE MEAD AVENUE BUILDING 510 SUITES 511-514
City-State-Zip:	JACKSONVILLE FL 32256

Title	COO
Name	CASEY, SONYA M
Address	11512 LAKE MEAD AVENUE BUILDING 510 SUITES 511-514
City-State-Zip:	JACKSONVILLE FL 32256

Title	TREASURER
Name	STGEORGE, JAMES K
Address	11512 LAKE MEAD AVENUE BUILDING 510 SUITES 511-514
City-State-Zip:	JACKSONVILLE FL 32256

Title	SECRETARY
Name	CASEY, SONYA M
Address	11512 LAKE MEAD AVENUE BUILDING 510 SUITES 511-514
City-State-Zip:	JACKSONVILLE FL 32256

*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:** JAMES STGEORGE

CEO

04/02/2017

Electronic Signature of Signing Officer/Director Detail

Date