

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000067759

**Entity Name:** DR. NAVARRO'S VEIN CENTRE OF THE PALM BEACHES, INC

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC1308289062**

**Current Principal Place of Business:**

955 SANBURY'S WAY  
SUITE 209  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

955 SANBURY'S WAY  
SUITE 209  
ROYAL PALM BEACH, FL 33411 US

**FEI Number: 65-0516844**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NAVARRO, ZORAIDA C  
955 SANBURY'S WAY  
SUITE 209  
ROYAL PALM BEACH, FL 33411 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name NAVARRO, ZORAIDA C  
Address 955 SANBURY'S WAY, SUITE 209  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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: ZORAIDA C. NAVARRO**

**PRESIDENT**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date