

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001940

Entity Name: VEIN CLINICS OF AMERICA, INC.**Current Principal Place of Business:**1901 BUTTERFIELD RD STE 220
DOWNERS GROVE, IL 60515**Current Mailing Address:**1901 BUTTERFIELD RD STE 220
DOWNERS GROVE, IL 60515**FEI Number: 36-3533164****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PRESIDENT, DIRECTOR
Name	DOMAN, DANIEL P
Address	1901 BUTTERFIELD RD STE 220
City-State-Zip:	DOWNERS GROVE IL 60515

Title	DIRECTOR, EXECUTIVE VP
Name	HIGHAM, JAY
Address	TWO MANHATTANVILLE RD
City-State-Zip:	PURCHASE NY 10577

Title	VP, TREASURER, DIRECTOR
Name	SHEEHAN, TIMOTHY
Address	1901 BUTTERFIELD RD., SUITE 220
City-State-Zip:	DOWNERS GROVE IL 60515

Title	VP, SECRETARY, DIRECTOR
Name	WHITE, CLAUDE E
Address	TWO MANHATTANVILLE RD
City-State-Zip:	PURCHASE NY 10577

Title	VP
Name	VAN DEN HEUVEL, KATHERINE
Address	1901 BUTTERFIELD RD STE 220
City-State-Zip:	DOWNERS GROVE IL 60515

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: DANIEL P. DOMAN**PRESIDENT****03/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date