2004 FOR PROFIT CORPORATION

FILED Feb 09. 2004 08:00 AM

ANNUAL REPORT				1 CD 07, 2004 00.00 A			
DOCUMENT # 621036 1. Entity Name					Sec	retary	of State
SOUTH	FLORIDA VASCULAR LABOR	ATORY, INC.					
Principal Pla	ce of Business	Mailing Address		ļ			
	CAYNE BLVD.	21110 BISCAYNE BLVD.	-				
301 AVENTURA,	FL 33180 US	AVENTURA, FL 33180 US	·				
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į L	JO NOI WHILE I	IN THIS SPAC	'	4. FEI Numb 59-190			Applied For Not Applicable
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	6. Name and Address of Current Reg	istance Arani	22 22 222	<u>-</u>	THE STATE OF THE STATE OF	Fee	Required
KWITNEY KROOP & SCHEINBERG, P.A. 420 LINCOLN ROAD				DO	NOT W	RITE	**
MIAMI BE	ACH, FL 33139			IN 7	THIS SP	ΔCF	•
i		į		41 11			4884 -
	a named entity submits this statement for the tions of registered agent.	purpose of changing its registered	office or registere	ed agent, or bo	h, in the State of Flo	rida. I am famili	ar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required w				when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution.			ng \$5.0	\$5.00 May Be U00000041241 02/09/04-80081-017 150.00			
10.	OFFICERS AND DIRE	ECTORS		-	*.*		
TITLE NAME	PD ALTSCHULER, MARK A	ŀ				. , , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS	21110 BISCAYNE BLVD., #301						
CITY-ST-ZIP	AVENTURA, FL	<u> </u>	er ox the let ∉ ₹χ byse	بينا المسائد الماري الماري	market i training	<u> </u>	sa so in Etto Samelyde g
NAME	BERNARDO, JOHR M.				·	•	
STREET ADDRESS CITY-ST-ZIP	21110 BISCAYNE BLVD., #301 AVENTURA, FL					:	•
TITLE	AVENTORA, FL		**** *** () (* * * ***	erres s	en e	MEL MANUFACTURE CO. C.	
NAME		į.					
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE	TLE			IN THIS SPACE			
NAME STREET ADDRESS				IN THIS SPACE			
CITY-ST-ZIP	·		markers of additional controls	M 1 1s contractor on the	and the second district		المعمد القالم السيوال الأمار
TITLE				•	. " ' '		
NAME STREET ADDRESS					•		
CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like an adverse.

SIGNATURE: Y

TITLE HAME STREET ADDRESS CITY-ST-ZIP

ME OF S THING OFFICER OR DIRECTOR