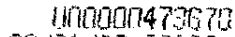


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 621036			
1. Entity Name SOUTH FLORIDA VASCULAR LABORATORY, INC.			
Principal Place of Business 21110 BISCAYNE BLVD. 301 AVENTURA, FL 33180 US		Mailing Address 21110 BISCAYNE BLVD. AVENTURA, FL 33180 US	
DO NOT WRITE IN THIS SPACE			
		 02252006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1908088	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KWITNEY KROOP & SCHEINBERG, P.A. 420 LINCOLN ROAD MIAMI BEACH, FL 33139		DO NOT WRITE IN THIS SPACE	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 03/21/06 00026-012 150.00 DO NOT WRITE IN THIS SPACE	
TITLE PD NAME ALTSCHULER, MARK A STREET ADDRESS 21110 BISCAYNE BLVD., #301 CITY-ST-ZIP AVENTURA, FL			
TITLE STD NAME BERNARDO, JOHR M. STREET ADDRESS 21110 BISCAYNE BLVD., #301 CITY-ST-ZIP AVENTURA, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 3/15/06	Daytime Phone # 305 531 7600