## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #621036**

1. Entity Name

SOUTH FLORIDA VASCULAR LABORATORY, INC.



Principal Place of Business

34440 DIOONALE DILLID

21110 BISCAYNE BLVD.

AVENTURA, FL 33180 US

Mailing Address

21110 BISCAYNE BLVD. AVENTURA, FL 33180

US

## FILED Mar 05, 2008 8:00 am Secretary of State

03-05-2008 90027 003 \*\*\*150.00

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02052008

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

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8. The above the obligat	e named entity submits this statement for the ptions of registered agent.	ourpose of changing its registered	l office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALTSCHULER, MARK A 21110 BISCAYNE BLVD., #301 AVENTURA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BERNARDO, JOHR M. 21110 BISCAYNE BLVD., #301 AVENTURA, FL				
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	-				

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 postee 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:

CITY-ST-ZIP

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

/

305 7311610

Daytime Phone :