

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90006 028 ***150.00

DOCUMENT # F02000003575
 1. Entity Name
VASCULAR SCIENCES CORPORATION



Principal Place of Business Mailing Address
612 FLORIDA AVENUE **612 FLORIDA AVENUE**
PALM HARBOR, FL 34683 **PALM HARBOR, FL 34683**

44049573



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

07162004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
59-3434771 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~DAVIS, RICHARD C JR MD~~
~~612 FLORIDA AVENUE~~
~~PALM HARBOR, FL 34683~~

7. Name and Address of New Registered Agent
 Name **John Cornish**
 Street Address (P.O. Box Number is Not Acceptable)
612 Florida Avenue
 City **Palm Harbor, FL** Zip Code **34683**

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: Date: **July 16, 2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DGE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCSD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, RICHARD C JR MD	
STREET ADDRESS	612 FLORIDA AVENUE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CORNISH, JOHN	
STREET ADDRESS	612 FLORIDA AVENUE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irving Siegel, MD	
STREET ADDRESS	612 Florida Avenue	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Dumencu	
STREET ADDRESS	612 Florida Avenue	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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: **John Cornish, Director** Date: **7/16/04** **727 / 784-2353** Daytime Phone #