

F04000007283

Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 28, 2004

EMPIRE

SUBJECT: VASCULAR RELIEF CENTERS CORP.
REF: W04000047088

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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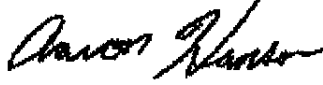
Division of Corporations - P.O. BOX 6827 - Tallahassee, Florida 32314

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(14)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. VASCULAR RELIEF CENTERS CORP.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEVADA 3. 20-1719260
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. OCTOBER 5 - 2004 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1000 EXECUTIVE DR. SUITE 2, OVIEDO FL 32765
(Principal office address)
1000 EXECUTIVE DR. SUITE #2, OVIEDO FL 32765
(Current mailing address)
8. To transact any and all lawful business
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: AARON HANSON
Office Address: 2203 N. Lois AVE SUITE #929
TAMPA, Florida 33607
(City) (Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
12. Names and business addresses of officers and/or directors:

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HASSEE, FLORIDA

A. DIRECTORS

Chairman: Aaron HANSON

Address: 2203 N. LOIS AVE. SUITE # 989
TAMPA FL 33607

Vice Chairman: _____

Address: _____

Director: LEE FIELDS

Address: 1000 EXECUTIVE DR. SUITE #2
OVIDO, FL 32765

Director: _____

Address: _____

B. OFFICERS

President: LEE FIELDS

Address: 1000 EXECUTIVE DR. SUITE #2
OVIDO, FL 32765

Vice President: ERIC LUETKEMEYER

Address: 1000 EXECUTIVE DR. SUITE #2
OVIDO, FL 32765

Secretary: ERIC LUETKEMEYER

Address: SAME AS ABOVE

Treasurer: ERIC LUETKEMEYER

Address: SAME AS ABOVE

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Aaron HANSON - CHAIRMAN
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **VASCULAR RELIEF CENTERS CORP.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 5, 2004, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office in Carson City, Nevada, on December 21, 2004.



Dean Heller

DEAN HELLER
Secretary of State

By *Dean Heller*

Certification Clerk

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