

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007283

FILED
Apr 21, 2005
Secretary of State

Entity Name: VASCULAR RELIEF CENTERS CORP.

Current Principal Place of Business:

1000 EXECUTIVE DR., SUITE 2
OVIEDO, FL 32765

New Principal Place of Business:

400 INTERNATIONAL PARKWAY
SUITE 100
HEATHROW, FL 32746

Current Mailing Address:

1000 EXECUTIVE DR., SUITE 2
OVIEDO, FL 32765

New Mailing Address:

400 INTERNATIONAL PARKWAY
SUITE 100
HEATHROW, FL 32746

FEI Number: 20-1719260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HANSON, AARON
2203 N. LOIS AVENUE, SUITE 929
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HANSON, AARON
Address: 2203 N. LOIS AVE, SUITE 929
City-St-Zip: TAMPA, FL 33607

Title: DP () Delete
Name: FIELDS, LEE
Address: 1000 EXECUTIVE DR., SUITE 2
City-St-Zip: OVIEDO, FL 32765

Title: VST () Delete
Name: LUETKEMEYER, ERIC
Address: 1000 EXECUTIVE DR., SUITE 2
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC LUETKEMEYER

VST

04/21/2005

Electronic Signature of Signing Officer or Director

Date