

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90001 035 ***150.00

DOCUMENT # F04000007283
 1. Entity Name
 VASCULAR RELIEF CENTERS CORP.



40103516

Principal Place of Business
 400 INTERNATIONAL PARKWAY
 SUITE 100
 HEATHROW, FL 32746

Mailing Address
 400 INTERNATIONAL PARKWAY
 SUITE 100
 HEATHROW, FL 32746



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

08312006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
 20-1719260

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
 HANSON, AARON
 2203 N. LOIS AVENUE, SUITE 929
 TAMPA, FL 33607

7. Name and Address of New Registered Agent
 Name: ANDREW J. SCHUNKER
 Street Address (P.O. Box Number is Not Acceptable): 400 INTERNATIONAL PKWY SUITE 100
 City: HEATHROW FL Zip Code: 32746

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: Andrew J. Schunker CEO (NOTE: Registered Agent signature required when re-instating) DATE: 9/5/06

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HANSON, AARON 2203 N. LOIS AVE, SUITE 929 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FIELDS, LEE 1000 EXECUTIVE DR., SUITE 2 OVIDEO, FL 32765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST LUTKEMEYER, ERIC 1000 EXECUTIVE DR., SUITE 2 OVIDEO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO AND PRESIDENT-S LUTKEMEYER, ERIC 400 INTERNATIONAL PKWY, SUITE 100 HEATHROW FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ANDREW J. SCHUNKER 400 INTERNATIONAL PKWY, SUITE 100 HEATHROW, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN JOHN KINGSLEY, MD 400 INTERNATIONAL PKWY, SUITE 100 HEATHROW FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Andrew J. Schunker CEO Andrew J. Schunker CEO 9/5/06 407-708-5826
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #