F05000001940

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | lress) | |
| (Add | iress) | |
| (City | //State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Na | me) |
| ` | • | • |
| (Doc | cument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | Filing Officer: | |
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| ON SERVICE COMPANY | | | |
|---------------------------------------|--------------------|---|--|
| ACCOUNT NO. | : 072100000032 | ń | |
| REFERENCE | : 050637 7124749 | | |
| AUTHORIZATION | : Spulselenan | | |
| COST LIMIT | : \$ 35.00 | | |
| ORDER DATE : August 10, 2007 | | | |
| ORDER TIME : 10:36 AM | | | |
| ORDER NO. : 050637-010 | | | |
| CUSTOMER NO: 7124749 | | | |
| | | | |
| CHANGE OF AGENT | | | |
| | | | |
| NAME: VEIN CLINICS (| OF AMERICA, INC. | | |
| | | | |
| , | | | |
| PLEASE RETURN THE FOLLOWING AS | F PROOF OF FILING: | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | |
| CONTACT PERSON: Kathy Drake | | | |

EXAMINER'S INITIALS:

** STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tatement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida. | |
|---|----------------------------|
| . The name of the corporation: VEIN CLINICS OF AMERICA, INC. | , |
| 2. The principal office address: 1101 Perimeter Drive, Suite 615, Schaumburg, IL 60173 | |
| 3. The mailing address (if different): 30 South Wacker Drive, Suite 2600, Chicago, IL 60606 | |
| I. Date of incorporation/qualification: 03/28/2005 Document number: F05000001940 | |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: | |
| Registered Agent Solutions, Inc. | |
| 155 Office Plaza Drive, Suite A | |
| Tallahassee, FL 32301 | |
| 5. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | 77 |
| Corporation Service Company | m |
| 1201 Hays Street | |
| (P.O. Box NOT acceptable) | 1 |
| Tallahassee, FL 32301 | • |
| The street address of its registered office and the street address of the business office of its registered as changed will be identical. | gent, |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. | |
| (Signature of an officer or director) Clayde E. white Vice I resident to the control of typed nature and title) | ent |
| 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 perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or locument is being filed merely to reflect a change in the registered office address, I hereby confirm the corporation has been notified in writing of this change. Corporation Service Company | nance if this it the |
| By: Wichelle Runnoy Ung. 25 07 (Signature of Registered Agent) (Bate) | . |
| f signing on behalf of an entity: | |
| Michelle R. Vannoy, Assistant Vice President (Typed or Printed Name) | • |

* * * FILING FEE: \$35.00 * * *