

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90027 029 ***150.00

DOCUMENT # F05000001940 1. Entity Name VEIN CLINICS OF AMERICA, INC.					
Principal Place of Business 1101 PERIMETER DRIVE, SUITE 615 SCHAUMBURG, IL 60173			Mailing Address 227 W. MONROE ST., SUITE 4700 CHICAGO, IL 60606		
2. Principal Place of Business - No P.O. Box # 1901 Butterfield Road		3. Mailing Address 1901 Butterfield Road			
Suite, Apt. #, etc. Suite 220		Suite, Apt. #, etc. Suite 220			
City & State Downers Grove, IL		City & State Downers Grove, IL			
Zip 60515 Country USA		Zip 60515 Country USA			
4. FEI Number 36-3533164			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGARWAL, KUSH K <input type="checkbox"/> Delete 1101 PERIMETER DRIVE, SUITE 615 SCHAUMBURG, IL 60173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1901 Butterfield Road, Suite 220 Downers Grove, IL 60515	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete MCDONAGH, D. BRIAN 1101 PERIMETER DRIVE, SUITE 615 SCHAUMBURG, IL 60173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jay Higham <input checked="" type="checkbox"/> and Director Two Manhattanville Road Purchase, NY 10597	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Treasurer, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John W. Hlywak, Jr. Two Manhattanville Road Purchase, NY 10597	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Secretary, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Claude E. White Two Manhattanville Road Purchase, NY 10597	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Daniel P. Doman 1901 Butterfield Road, Suite 220 Downers Grove, IL 60515	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Katherine VanDenHeuvel 1901 Butterfield Road, Suite 220 Downers Grove, IL 60515	
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:			Claude E. White Vice Pres./Secretary		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # (914) 253-8000		