FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90401 048 ***150.00

DOCUMENT # J87496

1. Entity Name
The Vein Clinic Inc

DO NOT WRITE IN THIS SPACE

20031926

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6314 Whis Key Creek Dr	6314 Whis Key Creek Dr
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Suite A
City & State Fort Myers, FL	City & State Fort Myers FL
Zip 33919 Country Kee	Zip 33919 Country Kee

4. FEI Number 59-2833509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HUGUETTE PLETINCKS

Street Address (P.O. Box Number is Not Acceptable): 6314 WHISKEY CREEK DR.

City: FORT MYERS FL Zip Code: 33919

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required on reinstatement.)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Huguette G. Pletincks - P 2005 Palaco Grande Cape Coral, FL 33904
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John R Pletincks SEC-TR 2005 Palaco Grande Pky Cape Coral, FL 33904
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CR2E034B (12/02)

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

SIGNATURE: Huguette G Pletincks Huguette G. Pletincks 4/11/06 239-433-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NO R/A LISTED, UPDATED 6/21/06, MEM