## 2001 UNIFORM BUSINESS REPORT (UBR)

## N99000003394 DOCUMENT #

1. Entity Name

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CLEARWATER FL 33765

5440 MARINER ST #102

CHURCH, KATHY

## VASCULAR EXCELLENCE, INC.



Principal Place of Business Mailing Address

2519 MCMULLEN BOOTH RD., SUITE 510-311 CLEARWATER FL 33761

2519 MCMULLEN BOOTH RD.. SUITE 510-311 CLEARWATER FL 33761

						( ) <b>100</b> (5) <b>6</b> )												
2. Principal Place of Business			3. Mailing Address						Hill 1114 1114									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS	SPACE										
City & State	)		City & State			4. FEI Number	59-3581793	3		plied For t Applicable								
Zip		Country	Zip	Country		5. Certificate o	5. Certificate of Status Desired \$8.75 Additional Fee Required											
		7. Name and Address of New Registered Agent																
EKERS, MITZI A 2519 MCMULLEN BOOTH RD., SUITE 510-311 CLEARWATER FL 33761					Name Street Address (P.O. Box Number is Not Acceptable)													
												1						
												CLEARW	City				FL	Zip Code
					8. The above	named entit	v submits this statement for t	registered office or r	egister	ed agent, or both	, in the state of Flo	orida.	<del></del>					
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.																		
•																		
SIGNATURE																		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE																		
FILE NOW: 9. Election Campaign Fina					es n	nn.	Mak	e Check	Payable to									
FILE NOW: FEE IS \$61.25			Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Department of State													
	LEE 19	\$01.20			,,,,,,,		50	partimon	0. 0	:								
10.		OFFICERS AND DIRE	CTORS	11.	-	ADDITIONS/CHA	NGES TO OFFICE	RS AND D	IRECTORS IN	10								
TITLE	DP	01110211071110	☐ Delete	TITLE				·	☐ Change	Addition								
NAME	-	144DV (14TT7IV A	LI Delete	NAME														
STREET ADDRESS	EKERS, MARY (MITZI) A			STREET ADDRESS						{								
CITY-ST-ZIP	2319 MCMOLLEN BOOTH No., COILE 310-011																	
		ATER FL 33761		CITY-ST-ZIP			· ••		Channe	Addition								
TITLE	DV		☐ Delete	TITLE		-			☐ Change	Audition								
NAME	CAMPBELL, SANDRA JONES			NAME														
STREET ADDRESS	- POSDON IEU			STREET ADDRESS  CITY-ST-ZIP					-									
CITY-ST-ZIP	<u>INDIAN F</u>	ROCKS BEACH FL 3378	5	C11Y-51-ZIP		·	<del></del>											
TITLE	DST		☐ Delete	TITLE					Change	☐ Addition								
NAME	EWERS,	LAREE LYDIA		NAME														
STREET ADDRESS	1662 COACHMAKERS LANE			STREET ADDRESS														
CITY-ST-ZIP	CLEARW	ATER FL 33765		CITY-\$T-ZIP														
TITLE	D		☐ Delete	TITLE					Change	☐ Addition								
NAME	-	1. JEWEL		NAME						]								
STREET ADDRESS	217 BAIL	•		STREET ADDRESS						į								
CITY-ST-ZIP		HARBOR FL 34695		CITY-ST-ZIP						{								
TITLE	D	I W H IN VILL I L. V TOVV	☐ Delete	TITLE					☐ Change	☐ Addition								
NAME		VS SKIP		NAME														
	MILADOVIO, OIGI																	
STREET ADDRESS	1057 CE	PHAS RD		STREET ADDRESS														

TAMPA FL 33609-3414 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 617, 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

727-781-6147

☐ Change

■ Addition

FILED Jun 20, 2001 8:00 am

**Secretary of State** 

06-20-2001 90012 017 \*\*\*\*70.00

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