## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000053451

Entity Name: INTERNATIONAL VASCULAR CLINIC INC.

FILED Apr 11, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 199 BOCA RATON ROAD SUITE A BOCA RATON, FL 33432 US **New Mailing Address: Current Mailing Address:** 199 BOCA RATON ROAD SUITE A BOCA RATON, FL 33432 US **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEAMBROSIO, JERRY D'AMBROSIO, JERRY 199 BOCA RATON ROAD 199 BOCA RATON ROAD SUITE A SUITE A BOCA RATON, FL 33432 US BOCA RATON, FL 33432 US 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: JERRY D'AMBROSIO 04/11/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: ASTS ( ) Change (X) Addition D'AMBROSIO, GERALD Name: Name: 199 BOCA RATON RD., SUITE 1 A Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33432 US ( ) Delete Title: Title: ( ) Change (X) Addition Name: Name: WEIMANN, JOSEF C/O 199 BOCA RATON RD. SUITE A Address Address: BOCA RATON, FL 33432 US City-St-Zip: City-St-Zip: Title: ( ) Change (X) Addition Title: () Delete S/D HOCK, HANS-PETER Name: Name: C/O 199 BOCA RATON RD. SUITE A Address Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33432 US Title: () Delete Title: ( ) Change (X) Addition MAURER, ELMAR Name: Name: C/O 199 BOCA RATON RD., SUITE A Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33432 US

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

SIGNATURE: GERALD D'AMBROSIO ASTS 04/11/2002