

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90052 006 ***150.00

DOCUMENT # P03000013621

1. Entity Name

VEIN CARE SPECIALIST OF SOUTH FLORIDA, INC.



Principal Place of Business

2338 IMMOKOLEE RD STE 116
STE 116
NAPLES FL 34110

Mailing Address

2338 IMMOKOLEE RD STE 116
STE 116
NAPLES FL 34110

54009295



MOORE

CR2E034 (11/03)

2. Principal Place of Business

671 GOODLETTE ROAD NORTH

3. Mailing Address

671 GOODLETTE ROAD NORTH

Suite, Apt. #, etc.

SUITE #110

Suite, Apt. #, etc.

SUITE #110

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34102

Country

USA

Zip

34102

Country

USA

4. FEI Number

03-0510439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARZANO, MARK
2338 IMMOKOLEE RD STE 116
STE 116
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name
MARK J. MARZANO, MD
Street Address (P.O. Box Number is Not Acceptable)
671 GOODLETTE ROAD NORTH
SUITE #110
City
NAPLES FL Zip Code
34102

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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 PSVT ☐ Delete
NAME MARZANO, MARK
STREET ADDRESS 2338 IMMOKOLEE RD STE 116
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSVT DC ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #