2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P03000013621

Entity Name: VEIN CARE SPECIALIST OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1350 9TH ST. N
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

2338 IMMOKALEE RD
#116
NAPLES, FL 34110

New Mailing Address:

4947 N TAMIAMI TRL #201
NAPLES, FL 34103

FEI Number: 03-0510439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARZANO, MARK J MD
1350 9TH ST. N.
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSVT ( ) Delete
Name: MARZANO, MARK
Address: 2338 IMMOKALEE RD STE 116
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARK MARZANO MD PRES 04/22/2009
Electronic Signature of Signing Officer or Director Date