


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90038 037 \*\*\*150.00

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # P03000029663</b><br>1. Entity Name<br>ALL VEIN CLINIC, INC.   |   |   |  |   |  |
| Principal Place of Business<br>2525 HARBOR BLVD., #201-B<br>PORT CHARLOTTE, FL 33952  |   |   | Mailing Address<br>2525 HARBOR BLVD., #201-B<br>PORT CHARLOTTE, FL 33952 |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |  |  |
| City & State  |   | City & State  |  | 4. FEI Number<br><b>56-2333078</b>   |  |
| Zip   |   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>JARRAH, MAMOON<br>2525 HARBOR BLVD., #201-B<br>PORT CHARLOTTE, FL 33952  |   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D JARRAH, MAMOON<br>2525 HARBOR BLVD., #201-B<br>PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, without other like empowered. |   |   |  |  |  |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | 2/13/06 Date 941-613-3779 Daytime Phone #                                |  |  |



ATTACHMENT 40013589  
#FD03000029663  
**LORICCO, CROSLAND, JOINER, SCHORTZ & COMPANY, P.A.**

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

EXCELLENCE SINCE 1973

CARLO J. LORICCO, C.P.A.  
BRIAN W. CROSLAND, C.P.A.  
J. SCOTT JOINER, C.P.A., C.V.A.  
JOSEPH R. SCHORTZ, C.P.A. (FL & NJ)

KIMBERLY R. TARTAGLIONE  
ALLYSON M. NEWKIRK  
ERIC T. BLEDSOE  
KRISTIE E. WELLS  
GREG M. HILL, C.P.A. (FL & NC)  
DARA B. SCRAH, C.P.A.  
GERMAINE T. LEVERETTE  
EARL R. NYDAM II

AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

AMERICAN SOCIETY OF  
PENSION PROFESSIONALS  
& ACTUARIES

NATIONAL ASSOCIATION OF  
CERTIFIED VALUATION ANALYSTS

Friday, 02/03/2006

RE: CORPORATION ANNUAL REPORT INSTRUCTIONS

Dear Dr. Jarrah:

Please follow the instructions on the attached postcard you received. You have three options on how to file your Corporation Annual Report. After deciding which option you prefer, follow the steps below as applicable:

- Choose to file online, download form for completion or send postcard back to receive a form by mail. Whichever option is chosen, file on or before May 1, 2006.
- Verify that the preprinted information is correct. Make any necessary changes. If you have changes, make them as follows:
  - Principal place of business and mailing address – Line 2
  - Name and address of registered agent – Line 6
  - Officers and directors – Line 10
- Line 12: Sign and type or print name of signing officer or director, date and provide a daytime telephone number.
- Make a check payable to the Department of State in the amount of \$150.00.
- If filed after May 1st, the fee will be \$550.00.
- Keep a copy for your records.

Sincerely,

Ellen M. Candelaria  
For the Firm

Attachment