


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90063 031 ***150.00

DOCUMENT # P03000029663 1. Entity Name ALL VEIN CLINIC, INC.			
Principal Place of Business 2525 HARBOR BLVD., #201-B PORT CHARLOTTE, FL 33952		Mailing Address 2525 HARBOR BLVD., #201-B PORT CHARLOTTE, FL 33952	
2. Principal Place of Business - No P.O. Box # 21260 Olean Blvd Suite, Apt. #, etc. Suite 204 City & State Port Charlotte, FL Zip 33952 Country USA		3. Mailing Address 21260 Olean Blvd Suite, Apt. #, etc. Suite 204 City & State Port Charlotte, FL Zip 33952 Country USA	
4. FEI Number 56-2333078		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01242008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent JARRAH, MAMOON 2525 HARBOR BLVD., #201-B PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. SIGNATURE: <u>Mamoon Jarrah MD</u> DATE: <u>2/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME JARRAH, MAMOON STREET ADDRESS 2525 HARBOR BLVD., #201-B CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE Jarrah Mamoon NAME 21260 Olean Blvd #204 STREET ADDRESS Port Charlotte, FL 33952 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.			
SIGNATURE: <u>MAMOON JARRAH</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/8/08</u> Daytime Phone: <u>941 613 3773</u>	