

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029663

Entity Name: ALL VEIN CLINIC, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

21260 OLEAN BLVD
SUITE 204
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

21260 OLEAN BLVD
SUITE 204
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 56-2333078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARRAH, MAMOON
2525 HARBOR BLVD., #201-B
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

JARRAH, MAMOON
21260 OLEAN BLVD
SUITE 204
PORT CHARLOTTE, FL 33952 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: MAMOON JARRAH MD

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JARRAH, MAMOON
Address: 21260 OLEAN BLVD, # 204
City-St-Zip: PORT CHARLOTTE, FL 33952

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: MAMOON JARRAH MD

D

04/23/2009

Electronic Signature of Signing Officer or Director

Date