2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2010
Secretary of State

DOCUMENT# P03000029663

Entity Name: ALL VEIN CLINIC, INC.

Current Principal Place of Business:

21260 OLEAN BLVD
SUITE 204
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

2525 HARBOR BLVD
SUITE 202
PORT CHARLOTTE, FL 33952

Current Mailing Address:

21260 OLEAN BLVD
SUITE 204
PORT CHARLOTTE, FL 33952

New Mailing Address:

2525 HARBOR BLVD
SUITE 202
PORT CHARLOTTE, FL 33952

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
21260 OLEAN BLVD
SUITE 204
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

JARRAH, MAMOON
2525 HARBOR BLVD
SUITE 202
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 02/17/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR
Name: JARRAH, MAMOON
Address: 2525 HARBOR BLVD SUITE 202
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby 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 all other like empowered.

SIGNATURE: MAMOON JARRAH DR 02/17/2010
Electronic Signature of Signing Officer or Director Date