

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90016 044 \*\*\*150.00

DOCUMENT # P03000104501

1. Entity Name

PHLEBOLOGY ASSOCIATES P.A.



Principal Place of Business

3385 BURNS RD  
208  
PALM BEACH GARDENS FL 33410

Mailing Address

3385 BURNS RD  
208  
PALM BEACH GARDENS FL 33410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 14-1899318

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASHTON, TOM  
475 PUMPKIN DR  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name TOM ASHTON

Street Address (P.O. Box Number is Not Acceptable)

1049 VINTNER BLVD.

PALM BEACH GARDENS

FL

Zip Code 33410

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE TOM ASHTON

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

*[Signature]*

03/07/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DR  
NAME ASHTON, OWEN T  
STREET ADDRESS 475 PUMPKIN DR  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DR  
NAME ASHTON, OWEN T.  
STREET ADDRESS 1049 VINTNER BLVD.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: OWEN T. ASHTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

03/07/08

Daytime Phone #

561-630-6800