

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P03000104501

1. Entity Name

PHLEBOLOGY ASSOCIATES P.A.



**FILED**

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

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

Principal Place of Business Mailing Address  
3385 BURNS RD 3385 BURNS RD  
208 208  
PALM BEACH GARDENS FL 33410 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

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 33410*

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.

*Tom Ashton*

*03/07/08*

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

(NOTE: Registered Agent signature required when changing)

DATE

**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  **\$5.00** May Be  
Trust Fund Contribution.  Added to Fees

**10. OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DR	<input type="checkbox"/> Delete	TITLE	DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHTON, OWEN T.		NAME	ASHTON, OWEN T.	
STREET ADDRESS	475 PUMPKIN DR		STREET ADDRESS	1049 VINTNER BLVD,	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

*Owen T. Ashton 03/07/08 561-630-6800*

Date

Daytime Phone #