

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000104501

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** PHLEBOLOGY ASSOCIATES P.A.

**Current Principal Place of Business:**

4060 PGA BLVD  
202  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

4060 PGA BLVD  
202  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 14-1899318

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASHTON, TOM  
5240 WOODLAND LAKES DR  
PALM BEACH GARDENS, FL 33418 US

**Name and Address of New Registered Agent:**

ASHTON, TOM  
721 BOCCE COURT  
PALM BEACH GARDENS, FL 33410 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: OWEN T. ASHTON

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: ASHTON, OWEN T  
Address: 721 BOCCE COURT  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: OWEN THOMAS ASHTON

PRES

04/19/2011

Electronic Signature of Signing Officer or Director

Date