


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 06, 2005 8:00 am
Secretary of State

05-18-2005 90026 032 ***150.00

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| DOCUMENT # P04000080727 | | | |  | |
| 1. Entity Name SOUTHERN VEIN SPECIALISTS, INC. | | | | | |
| Principal Place of Business 12909 SOUTHWEST 14TH AVENUE NEWBERRY, FL 32669 | | | Mailing Address 12909 SOUTHWEST 14TH AVENUE NEWBERRY, FL 32669 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 02-0723840 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | | 7. Name and Address of New Registered Agent Name SHARRON R. CARR Street Address (P.O. Box Number is Not Acceptable) 12909 S.W. 14th Ave City Newberry FL Zip Code 32669 | |
| 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. SIGNATURE <i>Sharon Carr</i> DATE 5-10-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD CARR, SHARRON 12909 SOUTHWEST 14TH AVENUE NEWBERRY, FL 32669 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Sharon Carr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | SHARRON CARR Date 05-10-05 Daytime Phone # 352-359-4753 | | |

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05122005 Chg-P CR2E034 (10/03)