
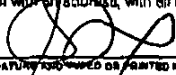


FILED  
Mar 17, 2005 8:00 am  
Secretary of State

03-17-2005 90021 029 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P04000082061			
1. Entity Name SUSAN FOX VEIN, P.A.			
Principal Place of Business 2261 NORTH UNIVERSITY DRIVE SUITE 200 PEMBROKE PINES, FL 33024		Mailing Address 2261 NORTH UNIVERSITY DRIVE SUITE 200 PEMBROKE PINES, FL 33024	
2. Principal Place of Business 3500 Island Blvd. Suite, Apt. #, etc. Apt. 406 City & State Aventura, Florida		3. Mailing Address 3500 Island Blvd. Suite, Apt. #, etc. Apt. 406 City & State Aventura, Florida	
Zip 33160-4919 D.S.A.		Zip 33160-4919 U.S.A.	
4. FEI Number 55-0881702		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ISICOFF, RAGATZ & KOENIGSBERG, P.A. 1101 BRICKELL AVENUE SUITE 800 SOUTH TOWER MIAMI, FL 33131		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FOX, SUSAN B 2261 NORTH UNIVERSITY DRIVE, SUITE 200 PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Fox SUSAN B 3500 Island Blvd 406 Aventura, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachments, with all other like empowered.			
SIGNATURE: 		Date: 3/15/05 (305) 932-2991	