## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000083271

2235 N BLVD WEST

City-St-Zip: DAVENPORT, FL 33837

Address:

Entity Name: VEIN DIAGNOSIS AND TREATMENT CENTER, P.A.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	•	or Busiliess.	New Fillicipal Flace	or business.	
2235 N BL DAVENPO	.VD WEST )RT, FL 33837	,			
Current Mailing Address:			New Mailing Address:		
2235 N BL DAVENPO	VD WEST ORT, FL 33837				
FEI Number	: 26-0086805	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
800 N MAG	AD SERVICES GNOLIA AVE S D, FL 32803	STE 1500			
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ) MURRAY, IVAN 2235 N BLVD V DAVENPORT, F	VEST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D ()	Delete	Title:	( ) Change ( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANTHONY ROSA MD D 04/22/2008