

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083271

FILED
Apr 21, 2011
Secretary of State

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

Current Principal Place of Business:

2235 N BLVD WEST
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

2235 N BLVD WEST
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 26-0086805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N MAGNOLIA AVE STE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

ROSA, ANTHONY T MD
2235 NORTH BLVD WEST
DAVENPORT, FL 33837 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: ANTHONY T. ROSA MD

04/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MURRAY, IVAN G M.D.
Address: 2235 N BLVD WEST
City-St-Zip: DAVENPORT, FL 33837

Title: D
Name: ROSA, ANTHONY T M.D.
Address: 2235 N BLVD WEST
City-St-Zip: DAVENPORT, FL 33837

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: ANTHONY T. ROSA MD

D

04/21/2011

Electronic Signature of Signing Officer or Director

Date