2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2012
Secretary of State

DOCUMENT# P04000083271

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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: SD
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: IVAN G. MURRAY, M.D. PTD 03/14/2012

Electronic Signature of Signing Officer or Director Date