## P04000104487

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Corrected document by selephone can +n 3 3 > 109		
- by sughme can		

Office Use Only



200147527272

03/27/09--01012--030 \*\*35.00

RA Ro cho

SECRETARY OF STATE SECRETARY OF CORPORATIONS

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI	CCT: Vein Specialists, P.A. (Name of Corpora	ation)
DOCI	MENT NUMBER: P04000104487	•
	closed Statement of Change of Registered Office/Age	· ·
Please	return all correspondence concerning this matter to the	e following:
	Steve Tidwell	. M.D.
	Steve Tidwell (Name of Contact F	Person)
	Vein Specialis (Firm/Compan	ets, P.A
	(1 III) Compan	y)
	52 St. Thomas	s Drive
	(Address)	
		<b>-</b> 1 -2 - 1 - 2
	Palm Beach Garder (City/State and Zip	ns, FL 33418 Code)
For fur	ther information concerning this matter, please call:	,
	John Ford at ( (Name of Contact Person)	561 ) 624-0123 (Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Department	of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

CR2E045 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of	the corporation: Vein Specialists, P.A.
2. The principal	office address: 600 Heritage Drive, Suite 105, Jupiter, FL 33458
3. The mailing	address (if different): 52 St. Thomas Drive, Palm Beach Gardens, FL 33418
4. Date of incor	poration/qualification: 7/9/2004 Document number: P04000104487
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Jeffrey Zane
	4800 Riverside Drive, Suite 101
	Palm Beach Gardens, FL 33418
6. The name an (if changed):	4800 Riverside Drive, Suite 101  Palm Beach Gardens, FL 33418  d street address of the new registered agent (if changed) and /or registered office  Lesley S. Hogan, Esq., Butzel Long
	125 Worth Avenue, Suite 330 (P.O. Box NOT acceptable)
mi	Palm Beach, FL 33480
=	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
(Signal	wre of an officer or director)  Steve Trawell U.D. Presidon (Printed or typed name and title)
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
	Ignature of Registered Agent)  chalf of an entity:  3-25-09  (Date)
	Typed or Printed Name)
	* * * FILING FEE: \$35.00 * * *