

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90319 046 ***150.00

DOCUMENT # P04000123098

1. Entity Name
FLORIDA PHLEBOLOGY, P.A.



Principal Place of Business
**109 BONITO DRIVE
OCEAN RIDGE, FL 33435**

Mailing Address
**109 BONITO DRIVE
OCEAN RIDGE, FL 33435**

50025105



2. Principal Place of Business

1101 Perimeter Drive

Suite, Apt. #, etc.

Suite 615

City & State

Schaumburg, IL

Zip

60173

Country

Cook

3. Mailing Address

30 S. Wacker Drive

Suite, Apt. #, etc.

Suite 2600

City & State

Chicago, IL

Zip

60606

Country

Cook

01202005

Chg-P

CR2E034 (10/03)

4. FEI Number

77-0647694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE RESEARCH SOLUTIONS, INC.
1333 N. DUVAL STREET
TALLAHASSEE, FL 32303**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **Keith Campbell, M.D.**
STREET ADDRESS **109 Bonito Drive**
CITY-ST-ZIP **Ocean Ridge, FL 33435**

TITLE **S** ☐ Delete
NAME **Keith Campbell, M.D.**
STREET ADDRESS **109 Bonito Drive**
CITY-ST-ZIP **Ocean Ridge, FL 33435**

TITLE **D** ☐ Delete
NAME **Keith Campbell, M.D.**
STREET ADDRESS **109 Bonito Drive**
CITY-ST-ZIP **Ocean Ridge, FL 33435**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

Keith Campbell, M.D.
Keith Campbell, M.D.

1/31/05

Date

847-407-2420

Daytime Phone #