

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90041 026 \*\*\*150.00

**DOCUMENT # P04000123098**

1. Entity Name  
FLORIDA PHLEBOLOGY, P.A.



Principal Place of Business

1101 PERIMETER DRIVE  
SUITE 615  
SCHAUMBURG, IL 60173

Mailing Address

30 S. WACKER DRIVE  
SUITE 2600  
CHICAGO, IL 60606

**DO NOT WRITE IN THIS SPACE**



04172006 No Chg-P CR2E034 (11/05)

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**

REGISTERED AGENT SOLUTIONS, INC.  
1333 N. DUVAL STREET  
TALLAHASSEE, FL 32303

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	<del>PSD</del> PTD
NAME	CAMPBELL M.D., KEITH
STREET ADDRESS	109 BONITO DRIVE
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	Secretary
NAME	D. Brian McDonagh, M.D.
STREET ADDRESS	1101 Perimeter Dr., #615
CITY-ST-ZIP	Schaumburg, IL 60173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 E. Campbell, MD* KEITH E. CAMPBELL, MD

4/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #