


FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90017 045 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000123098 1. Entity Name FLORIDA PHLEBOLOGY, INC.	
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Principal Place of Business 1101 PERIMETER DRIVE SUITE 615 SCHAUMBURG, IL 60173	Mailing Address 227 W. MONROE, SUITE 4700 CHICAGO, IL 60606
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60022880



2. Principal Place of Business - No P.O. Box # 1901 Butterfield Road	3. Mailing Address 1901 Butterfield Road
Suite, Apt. #, etc. Suite 220	Suite, Apt. #, etc. Suite 220
City & State Downers Grove, IL	City & State Downers Grove, IL
Zip 60515	Country USA

03202008 Chg-P CR2E034 (12/06)

4. FEI Number 77-0647694	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 -	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD CAMPBELL M.D., KEITH 109 BONITO DRIVE OCEAN RIDGE, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MCDONAGH, BRIAN D MD 1101 PERIMETER DR #615 SCHAUMBURG, IL 60173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Brian McDonagh March 31, 2008 9142514190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #