

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123098

Entity Name: FLORIDA PHLEBOLOGY, INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

1901 BUTTERFIELD RD  
SUITE 220  
DOWNERS GROVE, IL 60515

## New Principal Place of Business:

## Current Mailing Address:

1901 BUTTERFIELD RD  
SUITE 220  
DOWNERS GROVE, IL 60515

## New Mailing Address:

FEI Number: 77-0647694      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: CAMPBELL M.D., KEITH  
Address: 109 BONITO DRIVE  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: S ( ) Delete  
Name: MCDONAGH, BRIAN D MD  
Address: 1101 PERIMETER DR #615  
City-St-Zip: SCHAUMBURG, IL 60173

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DOMAIN, DANIEL P  
Address: 1901 BUTTERFIELD ROAD, STE. 220  
City-St-Zip: DOWNERS GROVE, IL 60515

Title: VPD (X) Change ( ) Addition  
Name: HIGHAM, JAY  
Address: 2 MANHATTANVILLE ROAD  
City-St-Zip: PURCHASE, NY 10577

Title: VPTD ( ) Change (X) Addition  
Name: HLYWAK, JOHN W JR.  
Address: 2 MANHATTANVILLE ROAD  
City-St-Zip: PURCHASE, NY 10577

Title: VPSD ( ) Change (X) Addition  
Name: WHITE, CLAUDE E  
Address: 2 MANHATTANVILLE ROAD  
City-St-Zip: PURCHASE, NY 10577

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLAUDE E. WHITE

VP

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date