

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000166458

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** SYMMETRY LASER VEIN CENTER, INC.

**Current Principal Place of Business:**

2169 SE OCEAN BLVD  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

2169 SE OCEAN BLVD  
STUART, FL 34996

**New Mailing Address:**

**FEI Number:** 20-1997866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NULAND, CHRISTOPHER L  
1000 RIVERSIDE AVE - STE 115  
JACKSONVILLE, FL 32204 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

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** TAPPER, SCOTT M.D.  
**Address:** 2169 SE OCEAN BLVD  
**City-St-Zip:** STUART, FL 34996

**Title:** S  
**Name:** NULAND, CHRISTOPHER L  
**Address:** 1000 RIVERSIDE AVENUE, SUITE 115  
**City-St-Zip:** JACKSONVILLE, FL 32204

I hereby 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 all other like empowered.

**SIGNATURE:** /CHRISTOPHER L. NULAND/

S

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date