2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/11/2006-90001-031-$150.00-$150.00

DOCUMENT # P04000170278

1. Entity Name
VEIN ASSOCIATES, PA

FILED

06 OCT 25 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1000 EXECUTIVE DRIVE SUITE 2 OVIEDO, FL 32765	1000 EXECUTIVE DRIVE SUITE 2 OVIEDO, FL 32765

2. Principal Place of Business	3. Mailing Address
2909 Bay to Bay Blvd	400 International Pkwy
Suite, Apt. #, etc. Suite 305	Suite, Apt. #, etc. Suite 100
City & State Tampa, FL	City & State Heathrow, FL
Zip 33629 Country Hillsborough	Zip 32746 Country Seminole

09052006   Chg-P   CR2E034 (11/05)

4. FEI Number: 20-2030379   ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDS, LEE T
1000 EXECUTIVE DRIVE
SUITE 2
OVIEDO, FL 32765

7. Name and Address of New Registered Agent

Name: Andrew Schenker
Street Address (P.O. Box Number is Not Acceptable): 400 International Pkwy Ste 100
City: Heathrow   FL   Zip Code: 32746

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: _Andrew Schenker_ CFO   DATE: 9/5/06

FILE NOW!!! FEE IS $150.00
Due by September 15, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees   In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT NAME ROBERT THEOBALD, DC ☐ Delete STREET ADDRESS 400 INTERNATIONAL PKWY SUITE 100 CITY-ST-ZIP HEATHROW FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE CFO NAME ANDREW J. SCHENKER STREET ADDRESS 400 INTERNATIONAL PKWY, SUITE 100 CITY-ST-ZIP HEATHROW, FL 32746	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _Andrew Schenker_ as CFO   Date: 9/18/06   Daytime Phone #: 407-708-5826