

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000010887

Entity Name: VEIN TREATMENT CENTER OF PALM COAST, P.A.

FILED
Feb 19, 2007
Secretary of State

Current Principal Place of Business:

67 SOUTHLAKE DRIVE
PALM COAST, FL 32137

New Principal Place of Business:

315 PALM COAST PARKWAY
SUITE 2
PALM COAST, FL 32137

Current Mailing Address:

67 SOUTHLAKE DRIVE
PALM COAST, FL 32137

New Mailing Address:

P.O. BOX 730657
ORMOND BEACH, FL 32173

FEI Number: 56-2497596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLUCCI, NICKOLAS JOHN
67 SOUTHLAKE DRIVE
PALM COAST, FL 32137 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: D () Delete
Name: COLLUCCI, NICKOLAS JOHN
Address: 67 SOUTHLAKE DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: STEIN, CHARLES I
Address: 67 SOUTHLAKE DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES I STEIN

VP

02/19/2007

Electronic Signature of Signing Officer or Director

Date