

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000010887

FILED
Feb 22, 2011
Secretary of State

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

Current Principal Place of Business:

21 HOSPITAL DRIVE
SUITE 260
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 730657
ORMOND BEACH, FL 32173

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

Title: D
Name: STEIN, CHARLES I
Address: 29 WINDING CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

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: CHARLES I. STEIN, MD

D

02/22/2011

Electronic Signature of Signing Officer or Director

Date