

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000010887

**FILED**  
**Jan 29, 2012**  
**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

VPRE

01/29/2012

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

\_\_\_\_\_  
Date