

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046878

FILED  
Aug 13, 2006  
Secretary of State

**Entity Name:** MELBOURNE VASCULAR & ENDOVASCULAR CENTER, P.A.

**Current Principal Place of Business:**

111 E. HIBISCUS BLVD.  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

111 E. HIBISCUS BLVD.  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 20-2594968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMADAN, FUAD  
111 E. HIBISCUS BLVD.  
MELBOURNE, FL 32901 US

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

RAMADAN, FUAD M MD  
111 E. HIBISCUS BLVD.  
MELBOURNE, FL 32901 US

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: FUAD RAMADAN

08/13/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RAMADAN, FUAD  
Address: 111 E. HIBISCUS BLVD.  
City-St-Zip: MELBOURNE, FL 32901 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: RAMADAN, FUAD M MD  
Address: 111 E. HIBISCUS BLVD.  
City-St-Zip: MELBOURNE, FL 32901 US

I hereby certify that the information supplied with this filing does not qualify for the 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: FUAD RAMADAN

DR

08/13/2006

Electronic Signature of Signing Officer or Director

Date