## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000046878

FILED Jan 07, 2010 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

111 E. HIBISCUS BLVD. 1250 S HARBOR CITY BLVD MELBOURNE, FL 32901 US

SUITE A

MELBOURNE, FL 32901

**Current Mailing Address: New Mailing Address:** 

111 E. HIBISCUS BLVD 1250 S HARBOR CITY BLVD MELBOURNE, FL 32901 US SUITE A

MELBOURNE, FL 32901 US

FEI Number: 20-2594968 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RAMADAN, FUAD M MD RAMADAN, FUAD M MD 111 E. HIBISCUS BLVD 1250 S HARBOR CITY BLVD MELBOURNE, FL 32901 US SUITE A 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: 01/07/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

RAMADAN, FUAD M MD Name:

1250 S HARBOR CITY BLVD SUITE A Address: City-St-Zip: MELBOURNE, FL 32901 US

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: FUAD M. RAMADAN DR. 01/07/2010