2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2006 8:00 am Secretary of State 01-19-2006 90076 047 ***150.00

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Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.		Su	ite, Apt. #, etc.	., .,		01062006	Chg-P	CR2E	034 (11/0	5)	
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	6. Name and A	ddress of Curre	ent Registe	red Agent	<u> </u>		7. Name and	Address of Ne	v Registered		
FVC	7 11/44/44	- Thy				Name					
0 NORT	FKOWITZ, IVAN M) NORTH MILLS AVENUE LANDO, FL 32803			ļ	Street Address	(P.O. Box Numb	er is Not Accepts	ble)			
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The above	named entity subm	nits this statemen	t for the ou	rnose of changing	n its ranistara	ed affice or regist	ered agent or ho	th in the Sate of			h and accord
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FLORIDA DEPARTMENT OF STATE

Division of Corporations

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CENTRAL FLORIDA VEIN CLINIC, P.A. 7824 LAKE UNDERHILL ROAD SUITE J ORLANDO, FL 32822

Subject: CENTRAL FLORIDA VEIN CLINIC, P.A.

Reference Number:

P05000092243

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ ANNUAL REPORTS SECTION