2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# P06000047665

Entity Name: VILLAGE VEIN CLINIC, INC

Current Principal Place of Business:

314 LAGRANDE BLVD
SUITE B
THE VILLAGES, FL 32159

New Principal Place of Business:

1576 BELLA CRUZ DRIVE
SUITE 332
THE VILLAGES, FL 32159

Current Mailing Address:

1576 BELLA CRUZ DRIVE
SUITE 332
THE VILLAGES, FL 32159

New Mailing Address:

FEI Number: 20-4625163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLOYD, PATRICIA A
INCPARADISE
13916 BRAMBLE BUSH CT
ORLANDO, FL 32832 US

Name and Address of New Registered Agent:

SWART, BAUMRUK & COMPANY, LLP
717 EAST OAK STREET
KISSIMMEE, FL 34744 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: HARRY J. SWART, CPA 01/04/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAVIN, BILL
Address: 11350 OLD CRYSTAL RIVER ROAD
City-St-Zip: BROOKSVILLE, FL 34601

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LAVIN, BILL
Address: 11350 OLD CRYSTAL RIVER ROAD
City-St-Zip: BROOKSVILLE, FL 34601

Title: PSD ( ) Change (X) Addition
Name: YOSHIDA, JENNY MD
Address: 1784 ABBOTS HILL DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: VPD ( ) Change (X) Addition
Name: PALACIOS, OSCAR
Address: 1784 ABBOTS HILL DRIVE
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify 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: JENNY YOSHIDA, MD PRES 01/04/2008
Electronic Signature of Signing Officer or Director Date