## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000047665

Entity Name: VILLAGE VEIN CLINIC, INC

FILED Jul 09, 2008 Secretary of State

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

1576 BELLA CRUZ DRIVE SUITE 332 THE VILLAGES, FL 32159

Current Mailing Address: New Mailing Address:

1101 MIRANDA LANE KISSIMMEE, FL 347410769

FEI Number: 20-4625163 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:

SWART, BAUMRUK & COMPANY, LLP 717 EAST OAK STREET KISSIMMEE, FL 34744 US SWART, BAUMRUK & COMPANY, LLP 1101 MIRANDA LANE KISSIMMEE, FL 347410769 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: 07/09/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete

Name: LAVIN, BILL

Address: 11350 OLD CRYSTAL RIVER ROAD

City-St-Zip: BROOKSVILLE, FL 34601

 Title:
 PSD ( ) Delete

 Name:
 YOSHIDA, JENNY MD

 Address:
 1784 ABBOTS HILL DRIVE

 City-St-Zip:
 ORLANDO, FL 32835

Title: VPD (X) Delete
Name: PALACIOS, OSCAR

Address: 1784 ABBOTS HILL DRIVE City-St-Zip: ORLANDO, FL 32835

Title: PSD (X) Change ( ) Addition

Name: YOSHIDA, JENNY MD
Address: 1784 ABBOTS HILL DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: VPD (X) Change () Addition

Name: PALACIOS, OSCAR
Address: 1784 ABBOTS HILL DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

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 07/09/2008