

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000047665

Entity Name: VILLAGE VEIN CLINIC, INC

FILED  
Jan 08, 2009  
Secretary of State

## Current Principal Place of Business:

1576 BELLA CRUZ DRIVE  
SUITE 332  
THE VILLAGES, FL 32159

## New Principal Place of Business:

314 LA GRANDE BLVD., #B  
THE VILLAGES, FL 32159

## Current Mailing Address:

1101 MIRANDA LANE  
KISSIMMEE, FL 347410769

## 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:

SWART, BAUMRUK & COMPANY, LLP  
1101 MIRANDA LANE  
KISSIMMEE, FL 347410769 US

## Name and Address of New Registered Agent:

PALACIOS, OSCAR A  
1576 BELLA CRUZ DR, #332  
LAKE LAKE, FL 32159 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: OSCAR A. PALACIOS

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

01/08/2009

Electronic Signature of Signing Officer or Director

Date