

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000121989

FILED
Oct 04, 2007
Secretary of State

Entity Name: VASCULAR AND LASER TECHNOLOGIES OF THE TREASURE COAST P.A.

Current Principal Place of Business:

113 NE CHARLESTON OAKS DR
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

113 NE CHARLESTON OAKS DR
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 20-5663017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VUOCOLO, PHILIP
113 NE CHARLESTON OAKS DR
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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: PHILIP S VUOCOLO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VUOCOLO, PHILIP
Address: 113 NE CHARLESTON OAKS DR
City-St-Zip: PORT ST LUCIE, FL 34983

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP () Change (X) Addition
Name: ROSSARIO, EDWARD
Address: 113 NE CHARLESTON OAKS DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: DP () Change (X) Addition
Name: CASS, GERALD
Address: 113 NE CHARLESTON OAKS DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: DP () Change (X) Addition
Name: LEE, S DARRELL
Address: 113 NE CHARLESTON OAKS DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: DP () Change (X) Addition
Name: RUDOLPH, BRIAN
Address: 113 NE CHARLESTON OAKS DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

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: PHILIP S VUOCOLO

DP

10/04/2007

Electronic Signature of Signing Officer or Director

Date