

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045615

FILED
Apr 28, 2010
Secretary of State

Entity Name: THE VEIN CARE INSTITUTE OF NORTH FLORIDA, INC

Current Principal Place of Business:

3140 NW MEDICAL CENTER LANE
SUITE 130
LAKE CITY, FL 32055

New Principal Place of Business:

1289 SW STATE RD 47
LAKE CITY, FL 32025

Current Mailing Address:

3140 NW MEDICAL CENTER LANE
SUITE 130
LAKE CITY, FL 32055

New Mailing Address:

1289 SW STATE RD 47
LAKE CITY, FL 32025

FEI Number: 20-4834507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THE PRIMARY CARE CENTER OF LAKE CITY
3140 NW MEDICAL CENTER LANE
SUITE 130
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

THE PRIMARY CARE CENTER OF LAKE CITY
1289 SW STATE RD 47
LAKE CITY, FL 32025 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:

04/28/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: WRIGHT, RICHARD L JR
Address: 1289 SW STATE RD 47
City-St-Zip: LAKE CITY, FL 32025

I hereby 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 all other like empowered.

SIGNATURE: RICHARD L. WRIGHT JR

PRES

04/28/2010

Electronic Signature of Signing Officer or Director

Date