## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000008362

Entity Name: ST JOHNS VEIN CENTER, INC.

FILED Feb 19, 2011 Secretary of State

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

9191 RG SKINNER PARKWAY ST. AUGUSTINE, FL 32080 LIS

SUITE 303

JACKSONVILLE, FL 32256

**Current Mailing Address: New Mailing Address:** 

10 E STREET 9191 RG SKINNER PARKWAY ST. AUGUSTINE, FL 32080

SUITE 303

JACKSONVILLE, FL 32256

FEI Number: 27-1827719 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:

FAIRBANKS, RANDAL C JAMES, ST. GEORGE K 113 NATURÉ WALK PARKWAY 9191 RG SKINNER PARKWAY 103 SUITE 303

ST. AUGUSTINE, FL 32092 US JACKSONVILLE, FL 32256 US

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: JAMES ST. GEORGE 02/19/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PSD

ST. GEORGE, JAMES Name: 9191 RG SKINNER PARKWAY Address: City-St-Zip: JACKSONVILLE, FL 32256 US

Title: **VPSD** 

Name: CASEY, SONYA M

9191 RG SKINNER PARKWAY Address: JACKSONVILLE, FL 32256 City-St-Zip:

Title: TRFA

ST. GEORGE, JAMES Name: 9191 RG SKINNER PARKWAY Address: City-St-Zip: JACKSONVILLE, FL 32256

Title: SEC

CASEY, SONYA Name:

9191 RG SKINNER PARKWAY Address: City-St-Zip: JACKSONVILLE, FL 32256

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: JAMES ST. GEORGE **PSD** 02/19/2011