

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000006061

**FILED**  
**Sep 10, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL VEIN CENTER, INC.

**Current Principal Place of Business:**

1802 BELLEVUE  
SUITE 103  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

1802 BELLEVUE  
SUITE 103  
ORLANDO, FL 32806 US

**New Mailing Address:**

**FEI Number:** 59-3172705

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRODY, FRANCEE  
1802 BELLEVUE AVE  
SUITE 103  
ORLANDO, FL 32806 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BRODY, FRANCEE A  
Address: 1802 BELLEVUE AVE. STE 103  
City-St-Zip: ORLANDO, FL 32806

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: FRANCEE BRODY

BOSS

09/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date