## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT Corporation Annual Report

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 17 1997 8:00am

Secretary of State

A HARANTÍR DA MARTIR LÚMA BREIL BEINE RADAN BANGA BREIL BREICH HOILT BONN BREICH STÓN HAÓI

3-6-97 407 831-5523

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000008061 (2)

AMERICAN VASCULAR CLINICS, INC.

Son MATLAND AVENUE SUITE 208   ALTHANOT AVENUE SUITE 208   ALTHANOT SPRING PL 32/01 45866   SUITE 208   ALTHANOTE SPRINGS PL 32/01   SUITE 208   ALTHANOTE SPRINGS PL 32/	0 :		Mair Addina						
SUITE 205  ALTANOME SPRINO FL 32701 4508  US  ALTANOME SPRINO FL 32701 4508  US  ALTANOME SPRINO FL 32701 4508  US  ALTANOME SPRINO FL 32701 4508  S. Date Incorporated or Qualified  Japanied for Country  Social April 4, etc.  Social April 4,	Principal Place of Business Meiling Address								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ATAMONTE SPRING FL 22701  ATAMONTE SPRINGS FL 22		AND AVENUE							
2. Principal Pulse of Utuniness   2a. Mailing Address   3c. Mailin		SPRING FL 32701							
22, Prince if Name of Neumbors   28, Mailing Address   28, State	US		US				, ,	1	,
Saco, Ast #, rish.  Sale April #, do.  Saco, Ast #, rish.  Sale April #, do.  Sale April #, do.  Sale April #, do.  City & Sale  City &									
Size, Apt. if circ.    Suite Apt. if, circ.		Place of Business	k				1,49		
Cary & State    27	21 Cuito Aus	# at-					59-3104468		
City & State    City & State		#, URA	<b>⊢</b> 1 '				5. Certificate of Status Desired		
28   29   29   20   20   20   20   20   20		***					& Election Compaign Financing		
Zip   Country   Zip   Country   Zip   Country   2   30   Florid's Statutes   Yes   Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   10, Name and Address of Name and Name	23	<b>∳-</b> γ					' ' '		
Section   Sect		Country		Cour	ntry		<del></del>		
So. Name and Address of Current Registered Agent  CARROLL, BARBARA  505 N. MARTIAND AVENUE SUTIE 206 ALTAMONTE SPRINGS FL 32701  83  84 City  FL 85 Zip Codic  84 City  FL 85 Zip Codic  85 Zip Codic  86 City  FL 85 Zip Codic  87  88 Zip Codic  88 Zip Codi	24]	25	29	30	30				
CARROLL, DAVIDAGE  SOF I. MAITLAND AYENUE  SUTIE 208  ALTAMONTE SPRINGS FL 32701  83  84 City  85 City  86 City  87  88 City  89					10. Name and Address of New Registered Agent				
SUTIE 206 ALTAMONTE SPRINGS FL 32701  11. Pursuant to the many stone of Sections (CD7 0507 and 607 1508, Florida Statutes, the above-named corporation automits this statement for the purpose of changing its registered agree, a tent familiar with, and accept the oligicans of, Section 607 5005, Florida Statutes, the above-named corporation automits this statement for the purpose of changing its registered agree, a tent familiar with, and accept the oligicans of, Section 607 5005, Florida Statutes.  SIGNATURE  12. OF INCERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE CARROLL BARBARA  505 N MAITLAND AVENUE SUITE 208  13. SIREIT ADDRESS  ALTAMONTE SPRINGS FL  14. CHY-ST-2P  14. CHY-ST-2P  14. CHY-ST-2P  14. CHY-ST-2P  14. CHY-ST-2P  14. CHY-ST-2P  14. THE CARROLL BARBARA  505 N MAITLAND AVENUE SUITE 208  14. CHY-ST-2P  14. THE CARROLL BARBARA  505 N MAITLAND AVENUE SUITE 208  14. CHY-ST-2P  14. THE CARROLL BARBARA  505 N MAITLAND AVENUE SUITE 208  14. CHY-ST-2P  14. THE CARROLL BARBARA  505 N MAITLAND AVENUE SUITE 208  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change Addition  17. ST-2P  16. Change Addition  18. ST-2P  18. ST-	CA	RROLL, BARBARA			81	Name			
SUTILE 206 ALTAMONTE SPRINGS FL 32701  883  84	505	5 N. MÁITLAND AVENUE		ŀ	82	Street Add	Iress (P.O. Box Number is Not Acceptab	de)	
### Cry ### S Zip Code  11. Pursuant to the pres sense of Sections 607 6508; Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered algorit or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the abpointment as registered agent and familiar with, and accept the objection of 07 6506; Florida Statutes.  SIGNATURE  12. OF LICE FIS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  11. The DIRECTOR SIN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OF LICE FIS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. THE DIRECTOR SIN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  29. AND STRIPLE ADDRESS.  30. STRIPLE ADDRESS.  30. CITY ST. ZP.  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  20. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  21. ADDITIONS/CHANGES TO OFFICERS AND	SU	TTIE 206							
11. Pursum to the previous of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or holfs, in this Statu of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment is registered agent, and accept the obligations of, Section 607 0505. Florida Statutes.  SIGNATURE  12. OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INCE Registered Agent signature resolute when received	AL1	tamonte springs fl 32701		,	83				
11. Pursum to the provisions of Scritions C07 0502 and C07 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or holt, in the Statu of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment is registered agont, or holt, in the Statu of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment is registered agont, or holt, in the Statu of Florida Statules.  SIGNATURE  12.				f	84	City		- 85 Zic	Code
AGRICATION SIGNATURE SIGNA						•		FLI	
AGRICATION SIGNATURE SIGNA	11. Pursuant office or	t to the provisions of Sections 607.  registered arrest, or both, in the Si	0502 and 607.1508, Florida Stat tate of Florida, Such change was	utes, the ab	oove-	named corpora	poration submits this statement for the patient's board of directors. I bereby access	urpose of changing at the appointment a	its registered s registered
1.00   1.00	agent. La	am familiar with, and accept the of	oligations of, Section 607.0505,	Florida Stati	utes.			Title appearance a	0.0g.sto.00
12.	SIGNATURE	<u> </u>							
Title					l Agent	signa!ure requ			DC IN 12
CARROLL, BARBARA 505 N MAITLAND AVENUE SUITE 208 ALTAMONTE SPRINGS FL  DELETE 21 TITLE 1.3 SIRRET ADDRESS 1.4 CITY-ST- ZP  22 NAME 2.3 STREET ADDRESS 2.2 ACTIV-ST- ZP  DELETE 31 TITLE 1.3 STREET ADDRESS 2.3 STREET ADDRESS 2.4 ACTIV-ST- ZP  ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST- ZP  THE ADDRESS 4.4 STREET ADDRESS 4.5 STREET ADDRESS 4.		Ornoras			f) E		ADDITIONS/CHANGES TO OFFIC		
1.3 SIREFT ADDRESS   1.4 CMY- \$1-2 P		CAPPOLL BADRADA	E Dicere	1				Change	rido(),pri
Addition   Change   Addition			SHITE 208			nnorce			
DELETE   21 TITLE   Change   Addition						· · · · · · · · · · · · · · · · · · ·			
NAME		TETANOTTE OF THE OF	DELETE			Zir		Change	Addition
23 STREET ADDRESS     24 CITY - ST - ZIP									
Change						DDRESS			
Title				- 1		- 1			
33 STREET ADDRESS   34 CITY-ST-ZIP	1.01		DELETE					☐ Change	Addition
STREET ADDRESS   STRE	NaMi			3.2 NA	AME				
THE DELETE 41 THE Change Addition  NAME  STREET ADDRESS  COY-SI-ZIP  THE DELETE 41 CHANGE  4.4 CHY-SI-ZIP  THE DELETE 5.1 THE Change Addition  NAME  STREET ADDRESS  CHY-SI-ZIP  THE DELETE 5.1 THE Change Addition  STREET ADDRESS  CHY-SI-ZIP  THE DELETE 6.1 THE Change Addition  NAME  STREET ADDRESS  CHY-SI-ZIP  THE DELETE 6.1 THE Change Addition  NAME  STREET ADDRESS  CHY-SI-ZIP  THE DELETE 6.1 THE Change Addition  NAME  STREET ADDRESS  CHY-SI-ZIP  THE CHANGE ADDRESS  CHY-SI-ZIP  THE CHANGE ADDRESS  CHY-SI-ZIP  THE CHANGE ADDRESS  CHY-SI-ZIP  THE CHANGE STREET ADDRESS  THE CHANGE STREET ADRESS  THE CHANGE STREET ADDRESS  THE CHANGE STREET ADDRESS  THE CHANGE STREET ADDRESS  THE CHANGE STREET ADDRESS  THE CHANGE STRE	STREET ADDRESS		,	3 3 ST	HEET A	DDRESS			
A 2 NAME   A 2 NAME   A 3 STREET ADDRESS   A 4 CITY-ST-ZIP   A 5 STREET ADDRESS   A 5 STREET ADDRESS   A 4 CITY-ST-ZIP   A 4 CITY-ST-ZIP   A 4 CITY-ST-ZIP   A 5 CITY-ST-ZIP	CITY (\$1 - 70)			3 4. Ct	ITY-ST	- ZIP		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS COTY-ST-ZIP  A4 CITY-ST-ZIP  THE	Tille		DELETE	4.1 T)T	LE			Change	Addition
City-SI-ZIP  DHE  DELETE  5.1 TiTLE  5.2 NAME  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  City-SI-ZIP  THE  DELETE  6.1 TITLE  Change Addition  NAME  5.2 NAME  5.4 City-SI-ZIP  THE  DELETE  6.1 TITLE  Change Addition  6.2 NAME  5.3 STREET ADDRESS  6.3 STREET ADDRESS  City-SI-ZIP  14. I do necessy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	NAME			4. 2 N	AME				
THE OBLETE 5.1 TITLE Change Addition  NAME  STREET ADDRESS GITY-ST-70* THE DELETE 6.1 TITLE  Change Addition  Change Addition  Addition  NAME  STREET ADDRESS GITY-ST-70P  THE CANAME  STREET ADDRESS CHY-ST-70P  6.2 NAME  6.3 STREET ADDRESS CHY-ST-70P  6.4 CHY-ST-70P  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	STREET ADDRESS			4.3 \$1	REET A	DORESS			
NAME STREET ADDRESS GITY-ST-7/P TITLE DELETE SHEET ADDRESS SHEET ADDRESS CHY-ST-7/P  CHY-ST-7/P  SHEET ADDRESS CHY-ST-7/P  62 NAME 62 NAME 63 STREET ADDRESS CHY-ST-7/P  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	CdY+SI+ZiP					ZIP		···········	
STREET ADDRESS CITY - S1-779 TITLE STREET ADDRESS CITY - S1-779 TITLE STREET ADDRESS CITY - S1-779 TITLE CHANGE STREET ADDRESS CITY - S1-779 CHANGE STREET ADDRESS CITY - S1-779 CHANGE 6.3 STREET ADDRESS CHY-S1-779 6.4 CITY - S1-7219 TITLE CHANGE 6.4 CITY - S1-7219 TITLE CHANGE 6.3 STREET ADDRESS 6.4 CITY - S1-7219 TITLE CHANGE 6.4 CITY - S1-7219 TITLE CHANGE CHANG	THILE		LJ DELETE	5.1 TiT	TLE			LL Change	L Addition
City-S1-70*  IDELETE 5.4 City-S1-20*  SIBELE ADDRESS CITY-S1-70*  6.2 NAME  6.3 STREET ADDRESS CITY-S1-70*  6.4 City-S1-70*  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	NAME					ļ			
THE DELETE 6.1 THE Change Addition  NAME  SHEEL ADDRESS  CHY-SL-ZIP  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the	STREET ADDRESS								
NAME STREET ADDRESS CITY-ST-ZIP  14. I do neceby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	City - 51 - 7iP		T DELETE		_	ZIP		Dharra	A.dassa
SHELL ADDRESS CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the	THE		L DELETE	•				∟ Unange	LI Addition
CHY-ST-ZIP  6.4 CHY-ST-ZIP  14. I do necessy certify that the unformation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the	NAME								
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the									
influence of security and material adoption with any more and quantity of the destingtion stated in decision 1 1900 (2014). For do discusses, included control and the angular based or complemental agreed in the part of complem		that cartily that the valorantian room	rdiard with this filing dose not an				ed in Section 119 07/23/0 Florida Statuto	e I further cartify the	at the
invertibility indicated on this artifular report of supprentental artifular report is true and accurate and trial my signature strain have the same report as it rilated triber own, that	informati	ion incleated on this annual report.	or supplemental annual report is	s true and a	accura	ate and tha	at my signature shall have the same legs	al effect as if made u	inder oath; that
Lam 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 in Brock 12 or Block 13 if changed, or on an attachment with an address.	ram an d appears	onicer or areator of the corporation in Biock 12 or Block 13 if changes	n or the receiver or trustee empo b, or on an attachment with an a	owerea to e iddress.	xecu	ite this repo	orcas required by Chapter 607, Florida S	лакиеs; ало mat my	патте