

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

**FILED**  
**Mar 17 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P93000008061 (2)**

1. Corporation Name

**AMERICAN VASCULAR CLINICS, INC.**



Principal Place of Business <b>505 N MAITLAND AVENUE          SUITE 206          ALTAMONTE SPRING FL 32701          US</b>	Mailing Address <b>505 N MAITLAND AVENUE          SUITE 206          ALTAMONTE SPRING FL 32701-6366          US</b>
---	--

<b>21</b> Principal Place of Business Suite, Apt. #, etc. <b>22</b> City & State Zip <b>23</b> Country	<b>2a.</b> Mailing Address Suite, Apt. #, etc. <b>27</b> City & State Zip <b>28</b> Country
--	---

<b>3.</b> Date Incorporated or Qualified <b>01/27/1993</b>	<b>3a.</b> Date of Last Report <b>04/24/1996</b>
<b>4.</b> FEI Number <b>59-3164488</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>CARROLL, BARBARA</b> <b>505 N. MAITLAND AVENUE</b> <b>SUTIE 206</b> <b>ALTAMONTE SPRINGS FL 32701</b>	
---	--

<b>10. Name and Address of New Registered Agent</b>	
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

**11.** Pursuant to the provisions 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 both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
<b>12.</b> TITLE <b>P</b> NAME <b>CARROLL, BARBARA</b> STREET ADDRESS <b>505 N MAITLAND AVENUE SUITE 206</b> CITY-ST- ZIP <b>ALTAMONTE SPRINGS FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>1.1</b> TITLE <b>1.2</b> NAME <b>1.3</b> STREET ADDRESS <b>1.4</b> CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.1</b> TITLE <b>2.2</b> NAME <b>2.3</b> STREET ADDRESS <b>2.4</b> CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.1</b> TITLE <b>3.2</b> NAME <b>3.3</b> STREET ADDRESS <b>3.4</b> CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.1</b> TITLE <b>4.2</b> NAME <b>4.3</b> STREET ADDRESS <b>4.4</b> CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.1</b> TITLE <b>5.2</b> NAME <b>5.3</b> STREET ADDRESS <b>5.4</b> CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.1</b> TITLE <b>6.2</b> NAME <b>6.3</b> STREET ADDRESS <b>6.4</b> CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 information included on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**  **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-6-97** **407 831-5533**  
 Date Daytime Phone #

CR2E034 (9/96)