

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90034 001 ***300.00

DOCUMENT # P93000044762

1. Entity Name

THE VEIN CLINIC OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

2211 NE 36 STREET
 SUITE 101
 LIGHTHOUSE POINT FL 33064

2211 NE 36 STREET
 SUITE 101
 LIGHTHOUSE POINT FL 33064-7537

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1686775

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

4700



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'ALESSANDRO, STEPHANIE M
2211 NE 36 STREET
SUITE 101
LIGHTHOUSE POINT FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	D'ALESSANDRO, DAVID A
STREET ADDRESS	2211 NE 36TH ST #101
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064
TITLE	D <input type="checkbox"/> Delete
NAME	D'ALESSANDRO, STEPHANIE M
STREET ADDRESS	2211 NE 36TH ST #101
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

David A. D'Alessandro, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date

Daytime Phone #

David A. D'Alessandro, M.D.