2007 FOR PROFIT CORPORAȚION ANNUAL REPORT (AR)

DOCUMENT # P93000044762

1. Entity Name

THE VEIN CLINIC OF SOUTH FLORIDA, INC.



FILED Feb 26, 2007 08:00 AM Secretary of State

| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State | - | | | A STATE OF THE PARTY OF THE PAR | f . |
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| Suito, Apl. #, otc Suito, Apl. #, otc. Suito, Apl. #, otc. | SUITE 101 | 36 STREET | 2211 NE 36 STREE SUITE 101 | | |
| City & State City & State City & State City & State Country C | 2. Principal | Place of Business - No P.O. Box # | 3. Mailing Address | | |
| Zip Country Zip Country 5. Country 6. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 21. Name and Address of New Registered Agent 22. Name and Address of New Registered | Suite, Apt. #. etc | | Suite, Apt. #, etc. | | 1st MOORE CR2E034 (10/06) |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Namo D'ALESSANDRO, DAVID A 2211 NE 36 STREET SIUTE 101 LIGHTHOUSE POINT FL 33064 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. I am familiar with, and at the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DPT Change A 2211 NE 36TH ST #101 LIGHTHOUSE POINT FL 33064 CITY-SI-7IP Detel TILE Detection Campaign Financing Added to Finance Added to F | City & Sta | ate | City & State | | 4. FEI Number 59-1686775 Applied For Not Applied by |
| D'ALESSANDRO, DAVID A 2211 NE 36 STREET SIUTE 101 LIGHTHOUSE POINT FL 33064 8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent and later applicable. SIGNATURE Signature, Yield or printed name of registered agent and later applicable. (NOTE, Registered Agent agritative recurred when reinstanting) DATE | Zıp | Country | Zıp | Country | Cortificate of Status Desired \$8.75 Additional Fee Required |
| D'ALESSANDRO, DAVID A 2211 NE 36 STREET SIUTE 101 LIGHTHOUSE POINT FL 33064 Stroot Addross (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. I am familiar with, and are the obligations of registered agent. SIGNATURE Signature, typed or prefet when diregistered agent and lide if applicable. (NOTE, Registered Agent agrature required when reinsuling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICIERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE D'ALESSANDRO, DAVID A SIREEI ADDRESS CITY-SI-ZIP Delete NAME SIREEI ADDRESS CITY-SI-ZIP Delete NAME SIREEI ADDRESS CITY-SI-ZIP Delete NAME SIREEI ADDRESS | | 6. Name and Address of Current | nt Registered Agent | | 7. Name and Address of New Registered Agent |
| Stroot Addross (P.O. Box Numbor is Not Acceptable) Stroot Addross (P.O. Box Numbor 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. I am familiar with, and as the obligations of registered agent and idear applicable. (NOTE Registered Agent square recursed when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS IIILE DPT D'ALESSANDRO, DAVID A SIREL ADDRESS SIREL ADDRESS LIGHTHOUSE POINT FL 33064 IIILE NAME SIREL ADDRESS CITY-SI-ZIP Detele IIILE NAME SIREL ADDRESS CITY-SI-ZIP Detele IIILE NAME SIREL ADDRESS CITY-SI-ZIP Change AMAME SIREL ADDRESS SIREL ADDRESS CITY-SI-ZIP Change AMAME SIREL ADDRESS CITY-SI-ZIP Change Change | D'ALESSANDRO. DAVID A | | | Namo | |
| 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. I am familiar with, and as the obligations of registered agent. SIGNATURE Squalure, typed or prefield name of registered agent and lefe r applicable. (NOTE, Registered Agent squalure recurred when reinstelling) Part | 221 SIU | 11 NE 36 STREET JTE 101 | | Street Addres | ss (P.O. Box Number is Not Acceptable) |
| 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. I am familiar with, and as the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and lide in applicable. (NOTE, Registered Agent signature required when reinstating) DATE | LIG | 3HTHOUSE POINT FL 3306 | i 4 | City | Zip Code |
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| 12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informational indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal offect as if made under eath; that I am an officer or directly corporation or the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of t | IIITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS | | ☐ Delete | TITLE NAME STREET ADDRESS | ☐ Change ☐ Addilion |

indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal offect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TY AND OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

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