

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044762

FILED
Jan 07, 2011
Secretary of State

Entity Name: THE VEIN CLINIC OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2211 NE 36 STREET
SUITE 101
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

2211 NE 36 STREET
SUITE 101
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 59-1686775 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

D'ALESSANDRO, DAVID A
2211 NE 36 STREET
SIUTE 101
LIGHTHOUSE POINT, FL 33064 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: DPT
Name: D'ALESSANDRO, DAVID A
Address: 2211 NE 36TH ST #101
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: DAVID A D'ALESSANDARO

DPT

01/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date