

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90033 034 ***150.00

40015667



01162005 Chg-P CR2E034 (10/03)

DOCUMENT # P94000067759	
1. Entity Name VEIN CENTRE OF THE PALM BEACHES, INC.	

Principal Place of Business 6633 FOREST HILL BLVD WEST PALM BEACH, FL 33413 US	Mailing Address 6633 FOREST HILL BLVD WEST PALM BEACH, FL 33413 US
--	--

2. Principal Place of Business 2090 Palm Beach Lakes Blvd Suite, Apt. #, etc. Suite 501 City & State West Palm Beach FL Zip 33409 Country USA	3. Mailing Address 2090 Palm Beach Lakes Blvd Suite, Apt. #, etc. Suite 501 City & State West Palm Beach FL Zip 33409 Country USA
--	--

6. Name and Address of Current Registered Agent NAVARRO, ZORAIDA C 6633 FOREST HILL BLVD WEST PALM BEACH, FL 33413

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2090 Palm Beach Lakes Blvd, Suite 501 City West Palm Beach FL Zip Code 33409

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 accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, ZORAIDA C 6633 FOREST HILL BLVD WEST PALM BCH, FL <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2090 Palm Beach Lakes Blvd, Suite 501 West Palm Beach, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Zoraida Navarro</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
---	------------	-----------------------