

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000095717

**Entity Name:** VASCULAR NATURALS, INC.

**FILED**  
**Aug 31, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

13019 NANDINA LANE  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 50068  
JACKSONVILLE, FL 32240 US

**New Mailing Address:**

13245 ATLANTIC BLVD.  
SUITE 4352  
JACKSONVILLE, FL 32225 US

**FEI Number:** 59-3357017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, ERIC A  
13019 NANDINA LANE  
JACKSONVILLE, FL 32246 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: PSTD  
Name: WILLIAMS, ERIC A  
Address: 13019 NANDINE LANE  
City-St-Zip: JACKSONVILLE, FL 32246

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: ERIC WILLIAMS

PTSD

08/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date