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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047482 (0)

1. Corporation Name
AU REVOIR VEINS, INC.

Principal Place of Business
535 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

Mailing Address
535 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401-5803



3. Date Incorporated or Qualified 05/30/1996
3a. Date of Last Report

2. Principal Place of Business 21 525 So. Flagler Dr. Suite, Apt. #, etc. 22 City & State 23 W. Palm Beach, Florida Zip 33401 Country	2a. Mailing Address 26 SAME Apt. #, etc. 27 City & State 28 Zip Country 29 30	4. FEI Number 65-0683418 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No
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9. Name and Address of Current Registered Agent

CRAFT, JEROME W
535 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Joanne Whatley
STREET ADDRESS		1.3 STREET ADDRESS	535 S. Flagler Dr.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	W. Palm Beach, Fl. 33401 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President
NAME		2.2 NAME	Jerome W. Craft, M.D.
STREET ADDRESS		2.3 STREET ADDRESS	535 So. Flagler Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	W. Palm Beach, Fl. 33401 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joanne Whatley
561-8350359
3-3-97

CR2E034 (9/96)