9/18/2002-90050-033-$61.25-$61.25

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED
02 OCT 28 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000099650

1. Entity Name

Vascular Access Specialists, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2338 Meadowbrook Drive	P.O. Box 479
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lutz, FL	City & State: Lutz, FL
Zip: 33558 Country:	Zip: 33558 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3414094 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Deobrah Kingome, President

Street Address (P.O. Box Number Is Not Acceptable)

2338 Meadowbrook Drive

City: Lutz FL Zip Code: 33558

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.

SIGNATURE: Deborah Kingcome 10/11/02

Signature required for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Deborah Kingcome 2338 Meadowbrook Drive Lutz, FL 33558
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Alan Kingcome 2338 Meadowbrook Drive Lutz,FL 33558
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah Kingcome President 9/09/02 8779781657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #