


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000067793	
1. Entity Name VASCULAR DIAGNOSTIC CENTER, INC.	

Principal Place of Business 7292 FOURTH STREET NORTH SUITE B SAINT PETERSBURG FL 33702	Mailing Address 7292 FOURTH STREET NORTH SUITE B SAINT PETERSBURG FL 33702
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0784593** Applied For ☐ Not Applied ☐

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

6. Name and Address of Current Registered Agent

**BLACKSHEAR, WILLIAM M MD
107 WINDWARD ISLAND
CLEARWATER BEACH FL 33767**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACKSHEAR, WILLIAM M MD 107 WINDWARD ISLAND CLEARWATER FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 1100000420843 02/16/06-80011-022 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *William M. Blackshear* *William M. Blackshear, MD, 1/3/06 977-87711*