2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000067793

Address:

City-St-Zip:

318 BUTTONWOOD LN

LARGO, FL 33770

Entity Name: VASCULAR DIAGNOSTIC CENTER, INC.

FILED Jan 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
7292 FOURTH STREET NORTH					
SUITE B SAINT PETERSBURG, FL 33702					
Current Mailing Address:			New Mailing Address:		
7292 FOU	RTH STREET	NORTH			
SUITE B SAINT PE	TERSBURG,	FL 33702			
FEI Number	: 65-0784593	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
107 WIND CLEARWA	EAR, WILLIA! WARD ISLAN ATER BEACH	ID , FL 33767 US	nurnose of changing its registered	office or registered agent, or both,	
	e of Florida.	Submits this statement for the	purpose of changing its registered	office of registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Aલ્	gent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (BEHR. TONI T) Delete	Title: Name:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM M BLACKSHEAR, MD D 01/23/2009