

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000068790

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** COSMETIC VEIN CLINIC OF FLORIDA, INC.

**Current Principal Place of Business:**

2225 59TH ST W.  
SUITE B  
BRADENTON, FL 34209 US

**New Principal Place of Business:**

10224 46TH AVE. WEST  
BRADENTON, FL 34210 US

**Current Mailing Address:**

2225 59TH ST W.  
SUITE B  
BRADENTON, FL 34209 US

**New Mailing Address:**

10224 46TH AVE. WEST  
BRADENTON, FL 34210 US

**FEI Number:** 65-0776841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PECORARO, JOSEPH  
2225 59TH ST W  
SUITE B  
BRADENTON, FL 34209 US

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

PECORARO, JOSEPH  
10224 46TH AVE. WEST  
BRADENTON, FL 34210 US

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: JPECORARO,MD

04/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: PECORARO, JOSEPH  
Address: 10224 46TH AVE WEST  
City-St-Zip: BRADENTON, FL 34210

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: JPECORARO,MD

PRES

04/12/2012

Electronic Signature of Signing Officer or Director

Date