

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000100682 (8)**

1. Corporation Name
FLORIDA VEINS CENTERS, INC.

Principal Place of Business 799 BRICKELL PLAZA SUITE 700 MIAMI FL 33131-2816	Mailing Address 799 BRICKELL PLAZA SUITE 700 MIAMI FL 33131-2816
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/26/1997	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-079 7558		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GREEN, JONATHAN H 799 BRICKELL PLAZA SUITE 700 MIAMI FL 33131-2816		10. Name and Address of New Registered Agent	
81. Name		JAMES M. GUEST, CPA, P.A.	
82. Street Address (P.O. Box Number is Not Acceptable)		15600 S.W. 288th Street	
83. Suite		Suite 310	
84. City		Homestead	
85. Zip Code		FL 33033	

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 **JAMES M. GUEST**

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

(NOTE: Registered Agent signature required upon reinstating)

DATE

5/11/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JONATHAN H	1.2 NAME	
STREET ADDRESS	799 BRICKELL PLAZA SUITE 700	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131-2816	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASSNER, RONALD	2.2 NAME	
STREET ADDRESS	799 BRICKELL PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131-2816	2.4 CITY-ST-ZIP	
TITLE	TVS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGAN, LINDA	3.2 NAME	
STREET ADDRESS	799 BRICKELL PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131-2816	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: **LINDA R. FAGAN** *Linda R. Fagan* **4/13/98** **305/246-8224**

CR2E034 (10/97)