Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000100682

2.-Principal Place of Business

Suite, Apt. #, etc.

4310

City & State

FLORIDA VEINS CENTERS, INC.

15600 S.W. 288

tomestead FL.

Principal Place of Business	Mailing Address
799 RRICKELL PLAZA •SUITE 700 •NIAMI FL 33131-2816	

2a. Mailing Address

27

15600

Suite, Apt. #, etc.

Homestead, PL.

City & State

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90048 008 ***150.00



	DO NOT WRITE IN THIS SP	ACE
3.	Date Incorporated or Qualifed	

11/26/1997

65-0797558

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. Home 14. 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 register 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, and familiar with, and accept the obligations of, Section 607.0505, 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, 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, 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, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. In the corporation submits this statement for the purpose of changing its registered agent. In the corporation submits this statement for the purpose of changing its registered agent. In the corporation submits this statement for the purpose of changing its registered agent. In the corporation submits this statement for the purpose of changing its registered agent. In the corporation submits this statement for the purpose of changing its registered agent. In the corporation submits this statement for the purpose of changing its registered agent. In the corporation submits this statement for the purpose of changing its registered agent. In the corporation submits this statement for	Zip	Country	Zip 32000 [Country	8. This corporation owes the current year Intangible
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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	14 I hereby o	certify that the information supplied with	this filing does not qualify for the	he exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information

Sw. 288 St.

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 on an attaching 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 on an attaching of the corporation or the receiver or trustee empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR