

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100682

1. Entity Name

FLORIDA VEINS CENTERS, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90051 007 \*\*\*150.00

Principal Place of Business

15600 SW 288 ST  
310 HOMESTEAD  
HOMESTEAD FL 33033

Mailing Address

15600 SW 288 ST  
310 HOMESTEAD  
HOMESTEAD FL 33033-1243

2. Principal Place of Business

3. Mailing Address

**JAMES M. GUEST CPA, P.A.**

**15600 S.W. 288TH STREET**  
**SUITE 201**  
**HOMESTEAD, FL. 33033**

**JAMES M. GUEST CPA, P.A.**

**15600 S.W. 288TH STREET**  
**SUITE 201**  
**HOMESTEAD, FL. 33033**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0797558

Applied For

Not Applicable

Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUEST, J M  
15600 SW 288TH ST  
STE 310  
HOMESTEAD FL 33033

7. Name and Address of New Registered Agent

Name  
Street **JAMES M. GUEST CPA, P.A.**  
**15600 S.W. 288TH STREET**  
**SUITE 201**  
City **HOMESTEAD, FL. 33033** 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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>P</b> <b>CHASSNER, RONALD</b> <b>15600 SW 288 ST. #300</b> <b>HOMESTEAD FL 33033</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>TVS</b> <b>FAGAN, LINDA</b> <b>15600 SW 288 ST #310</b> <b>HOMESTEAD FL 33033</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b> <b>Chassner, Ronald</b> <b>15600 SW 288 St, #201</b> <b>Homestead, FL. 33033</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TVS</b> <b>FAGAN, LINDA</b> <b>15600 SW 288 St. #201</b> <b>Homestead, FL. 3333</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**RONALD S. CHASSNER, MD.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/00  
Date

305-248-8412  
Daytime Phone #

CR2E034 (9/99)