2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am § Secretary of State DOCUMENT # P99000081465 1. Entity Name TALLAHASSEE VEIN CLINIC, INC. 03-07-2002 90262 016 ***150.00 Principal Place of Business Mailing Address 2090 THOMASVILLE RD. . 4025 BRANDON HILL DR. TALLAHASSEE FL 32312 TALLAHASSEE FL 32808 Principal Place of Business 3. Mailing Address 415 Timberlane Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3599545 lalluhassee Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOVE, JOYCE S Street Address (P.O. Box Number is Not Acceptable) 203 N. GADSDEN ST #3 TALLAHASSEE FL 32301 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHANK, LINDA NAME STREET ADDRESS 4025 BRANDON HILL DR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32808 3220 CITY-ST-ZIP DVPS ☐ Delete TITLE Change ☐ Addition NAME KENT, CHARLES NAME STREET ADDRESS **4779 LANCASHURE LANE** STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TALLAHASSEE FL 32308 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 attachrect with an address, with all other like empowered.

FILED

SIGNATURE