2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# P99000081465

Entity Name: TALLAHASSEE VEIN CLINIC, INC.

Current Principal Place of Business:

1415 TIMBERLANE RD., #309
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

234 LAFAYETTE CIRCLE
TALLAHASSEE, FL 32303 US

Current Mailing Address:

4025 BRANDON HILL DR.
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3599545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHANK, RODNEY W
4025 BRANDON HILL DR.
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: SCHANK, LINDA
Address: 4025 BRANDON HILL DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVPS ( ) Delete
Name: KENT, CHARLES
Address: 4779 LANCASHURE LANE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: SCHANK, LINDA
Address: 4025 BRANDON HILL DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: DVPS (X) Change ( ) Addition
Name: KENT, CHARLES
Address: 4779 LANCASHURE LANE
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LINDA A. SCHANK DPT 01/05/2004

Electronic Signature of Signing Officer or Director Date