2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2015
Secretary of State
CC8882787168

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Entity Name: ST JOHNS VEIN CENTER, INC.

Current Principal Place of Business:

11512 LAKE MEAD AVENUE
BUILDING 510 SUITES 511-514
JACKSONVILLE, FL 32256

Current Mailing Address:

11512 LAKE MEAD AVENUE
BUILDING 510 SUITES 511-514
JACKSONVILLE, FL 32256 US

FEI Number: 27-1827719

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STGEORGE, JAMES K MD
11512 LAKE MEAD AVENUE
BUILDING 510 SUITES 511-514
JACKSONVILLE, FL 32256 US

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: JAMES K STGEORGE MD 01/09/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO	Title	COO
Name	STGEORGE, JAMES K MD	Name	CASEY, SONYA M
Address	11512 LAKE MEAD AVENUE BUILDING 510 SUITES 511-514	Address	11512 LAKE MEAD AVENUE BUILDING 510 SUITES 511-514
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	TREASURER	Title	SECRETARY
Name	STGEORGE, JAMES K	Name	CASEY, SONYA M
Address	11512 LAKE MEAD AVENUE BUILDING 510 SUITES 511-514	Address	11512 LAKE MEAD AVENUE BUILDING 510 SUITES 511-514
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256

I hereby 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 all other like empowered.

SIGNATURE: JAMES STGEORGE CEO 01/09/2015

Electronic Signature of Signing Officer/Director Detail — Date