

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000008362

**Entity Name:** ST JOHNS VEIN CENTER, INC.**Current Principal Place of Business:**46 WEEDEN ST  
ST AUGUSTINE, FL 32084**Current Mailing Address:**46 WEEDEN ST  
ST AUGUSTINE, FL 32084 US**FEI Number:** 27-1827719**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ST GEORGE, JAMES  
46 WEEDEN ST  
ST AUGUSTINE, FL 32084 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 ST GEORGE

01/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | CEO                   |
| Name            | ST GEORGE, JAMES      |
| Address         | 46 WEEDEN ST          |
| City-State-Zip: | ST AUGUSTINE FL 32084 |

|                 |                       |
|-----------------|-----------------------|
| Title           | COO                   |
| Name            | CASEY, SONYA M        |
| Address         | 46 WEEDEN ST          |
| City-State-Zip: | ST AUGUSTINE FL 32084 |

|                 |                       |
|-----------------|-----------------------|
| Title           | TREASURER             |
| Name            | ST GEORGE, JAMES      |
| Address         | 46 WEEDEN ST          |
| City-State-Zip: | ST AUGUSTINE FL 32084 |

|                 |                       |
|-----------------|-----------------------|
| Title           | SECRETARY             |
| Name            | CASEY, SONYA M        |
| Address         | 46 WEEDEN ST          |
| City-State-Zip: | ST AUGUSTINE FL 32084 |

*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 ST GEORGE**REGISTERED AGENT**

01/26/2023

Electronic Signature of Signing Officer/Director Detail

Date