## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000008362

Entity Name: ST JOHNS VEIN CENTER, INC.

**Current Principal Place of Business:** 

8767 PERIMETER PARK BLVD JACKSONVILLE. FL 32216

**Current Mailing Address:** 

8767 PERIMETER PARK BLVD JACKSONVILLE, FL 32216 US

FEI Number: 27-1827719 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STGEORGE, JAMES K MD 8767 PERIMETER PARK BLVD JACKSONVILLE, FL 32216 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 02/22/2019

Electronic Signature of Registered Agent

Date

FILED Feb 22, 2019

**Secretary of State** 

1481282313CC

Officer/Director Detail:

Title CEO Title COO

Name STGEORGE, JAMES K MD Name CASEY, SONYA M

Address 8767 PERIMETER PARK BLVD Address 8767 PERIMETER PARK BLVD

SUITES 511-514

City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER Title SECRETARY

Name STGEORGE, JAMES K

Address 8767 PERIMETER PARK BLVD

Address 8767 PERIMETER PARK BLVD

City-State-Zip: JACKSONVILLE FL 32216

City-State-Zip: JACKSONVILLE FL 32216

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.