


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 601735 1. Entity Name GENERAL & VASCULAR SURGICAL ASSOCIATES, P.A.	
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Principal Place of Business 406 W LAKE MARY BLVD #330 LAKE MARY, FL 32746	Mailing Address 406 W LAKE MARY BLVD #330 LAKE MARY, FL 32746
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07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1279433	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROBERTSON, JOHN W M.D.
 4106 W LAKE MARY BLVD #330
 LAKE MARY, FL 32746

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, JR., JOHN 4106 W LAKE MARY BLVD #330 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMERON, BRIAN L 4106 W LAKE MARY BLVD #330 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUETHER, WILLIAM III MD 4106 W LAKE MARY BLVD #330 LAKE MARY, FL 32746
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 07/12/04-80003-018 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: John R. Cameron **7-7-04** **407-833-9195**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #