


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90175 020 ***150.00

DOCUMENT # 601735

1. Entity Name
GENERAL & VASCULAR SURGICAL ASSOCIATES, P.A.



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

2. Principal Place of Business
4106 W. Lake Mary Blvd # 330

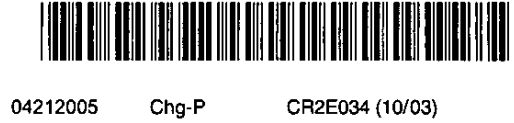
3. Mailing Address
4106 W. Lake Mary Blvd # 330

City & State
Lake Mary, FL

City & State
Lake Mary, FL

Zip
32746

Country
US



6. Name and Address of Current Registered Agent
**ROBERTSON, JOHN W M.D.
 4106 W LAKE MARY BLVD #330
 LAKE MARY, FL 32746**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	ROBERTSON, JR., JOHN 4106 W LAKE MARY BLVD #330 LAKE MARY, FL 32746	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	CAMERON, BRIAN L	NAME	
STREET ADDRESS	4106 W LAKE MARY BLVD #330	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	HUETHER, WILLIAM III MD	NAME	
STREET ADDRESS	4106 W LAKE MARY BLVD #330	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 W Robertson MD **John Robertson** 4/21/05 407 833 9195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #