


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 601735**  
1. Entity Name  
**GENERAL & VASCULAR SURGICAL ASSOCIATES, P.A.**



Principal Place of Business  
**4106 W LAKE MARY BLVD  
#330  
LAKE MARY, FL 32746**

Mailing Address  
**4106 W LAKE MARY BLVD  
#330  
LAKE MARY, FL 32746**

**DO NOT WRITE IN THIS SPACE**



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1279433**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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)  
Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

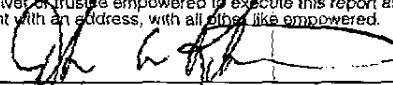
10. OFFICERS AND DIRECTORS

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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **2/7/06 407-833-9195**

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