


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 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
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01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1279433	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000596523  
 01/23/07-80082-020 158.75

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 another like empowered.

SIGNATURE: John Robertson Date: 1/5/07 Daytime Phone #: 407 933 9195