

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601735

FILED  
Feb 18, 2011  
Secretary of State

**Entity Name:** GENERAL & VASCULAR SURGICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

4106 W LAKE MARY BLVD  
#330  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

4106 W LAKE MARY BLVD  
#330  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 59-1279433      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROBERTSON, JR., JOHN  
Address: 4106 W LAKE MARY BLVD #330  
City-St-Zip: LAKE MARY, FL 32746

Title: VP  
Name: CAMERON, BRIAN L  
Address: 4106 W LAKE MARY BLVD #330  
City-St-Zip: LAKE MARY, FL 32746

Title: ST  
Name: HUETHER, WILLIAM III MD  
Address: 4106 W LAKE MARY BLVD #330  
City-St-Zip: LAKE MARY, FL 32746

Title: MD  
Name: BAIROSSI, NICOLE  
Address: 4106 W. LAKE MARY BLVD.  
City-St-Zip: LAKE MARY, FL 32746

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.

SIGNATURE: JOHN W. ROBERTSON, M.D.

PD

02/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date