

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23365
1. Corporation Name
SOUTH FLORIDA SOCIETY FOR VASCULAR SURGERY, INC.

Principal Place of Business: C/O MARK SESTO, MD, 3000 WEST CYPRESS CREEK RD, FT LAUDERDALE FL 33309 US
Mailing Address: C/O MARK SESTO, MD, 3000 WEST CYPRESS CREEK RD, FT LAUDERDALE FL 33309 US

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99 MAY -5 AM 10:00
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2. Principal Place of Business: 27a. Suite, Apt. #, etc. 27b. City & State 27c. Zip
28a. County 28b. Country

3. Date Incorporated or Qualified: 11/08/1987

4. FEI Number: 05-0015415

5. Certificate of Initial Control: \$8.75 Additional Fee Required

6. Election Campaign Financing / Third Fund Contribution: \$5.00 May Be Added to Fees

7. Name and Address of Current Registered Agent: SESTO, MARK M, 3000 WEST CYPRESS CREEK RD, FT LAUDERDALE FL 33309

8. Name and Address of New Registered Agent: 31. Name 32. Street Address (P.O. Box Number is Not Acceptable) 33. City 34. State (FL) 35. Zip Code

11. I, present to the provisions of Sections 817.0003 and 817.0004, Florida Statutes, the above-named corporation admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 817.0003, Florida Statutes.

SIGNATURE: *Mark Sesto* DATE: 1/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONAL POWERS TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: LIEBMAN, PAUL 12.2 STREET ADDRESS: 2617 N. FLAGLER DRIVE 12.3 CITY-STATE-ZIP: WEST PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	13.1 TITLE: 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 NAME: SESTO, MARK M M.D. 12.2 STREET ADDRESS: 3000 WEST CYPRESS CREEK RD 12.3 CITY-STATE-ZIP: FT LAUDERDALE FL 33309	<input type="checkbox"/> DELETE	13.1 TITLE: Secretary/Treasurer 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY-STATE-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 NAME: PANAMA, ARTHUR F MD 12.2 STREET ADDRESS: 3860 HOLLYWOOD BLVD., #302 12.3 CITY-STATE-ZIP: HOLLYWOOD FL	<input checked="" type="checkbox"/> DELETE	13.1 TITLE: 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 NAME: ALVAREZ, JOSE J M.D. 12.2 STREET ADDRESS: 1321 N.W. 14TH STREET, #306 12.3 CITY-STATE-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	13.1 TITLE: President/Director 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY-STATE-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 NAME: Liebman, Paul M.D. 12.2 STREET ADDRESS: 2617 N. Flagler Dr. 12.3 CITY-STATE-ZIP: West Palm Beach FL 33407	<input type="checkbox"/> DELETE	13.1 TITLE: President-elect 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.1 NAME: 12.2 STREET ADDRESS: 12.3 CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	13.1 TITLE: 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(5)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: *MARK SESTO MD* DATE: 1/6/99 (954) 978-6232

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