

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N23365

FILED
Sep 25, 2006
Secretary of State

Entity Name: SOUTH FLORIDA SOCIETY FOR VASCULAR SURGERY, INC.

Current Principal Place of Business:

C/O ORLANDO A. PUENTE, M.D.
8955 S.W. 87 CT., S-112
MIAMI, FL 33176 US

New Principal Place of Business:

C/O ELIZABETH SULLIVAN
123 SOUTH ADAMS STREET
TALLAHASSEE, FL 32301 US

Current Mailing Address:

C/O ORLANDO A. PUENTE, M.D.
8955 S.W. 87 CT., S-112
MIAMI, FL 33176 US

New Mailing Address:

C/O ELIZABETH SULLIVAN
123 SOUTH ADAMS STREET
TALLAHASSEE, FL 32301 US

FEI Number: 65-0015415 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ETON, DARWIN
1611 NW 12TH AVE
JMH,E7 3016,R-114
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

SULLIVAN, ELIZABETH J DIR.
123 SOUTH ADAMS STREET
TALLAHASSEE, FL 32301 US

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: ELIZABETH SULLIVAN

09/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PED () Delete
Name: DARWIN, ETON M.D.
Address: 1611 NW 12TH AVE(R-114)
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: PUENTE, ORLANDO MD
Address: 8955 SW 87 CT ,S-112
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: SESTO, MARK MD
Address: 3000 WEST CYPRESS CREEK RD
City-St-Zip: FT.LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR. (X) Change () Addition
Name: SULLIVAN, ELIZABETH J DIR.
Address: 123 SOUTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: PRES (X) Change () Addition
Name: ZELTZER, JACK MD
Address: 4665 S. CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL 33461

Title: SEC (X) Change () Addition
Name: SCHLAEN, HORACIO MD
Address: 3540 N. 55 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH SULLIVAN

DIR

09/25/2006

Electronic Signature of Signing Officer or Director

Date