

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90142 050 ****61.25

0029697

DOCUMENT # N23365

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



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

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0015415		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
PUENTE, ORLANDO A M.D. 8955 S.W. 87 CT., #112 MIAMI FL 33176				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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 \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	SECRETARY TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PUENTE, ORLANDO A M.D.			NAME	EATON, DARWIN		
STREET ADDRESS	8955 S.W. 87 CT., S-112			STREET ADDRESS	UNIVERSITY OF MIAMI		
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP	1611 NW 12 AVE E 1611		
					MIAMI, FL 33136		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SESTO, MARK M			NAME			
STREET ADDRESS	3000 WEST CPYRESS CREEK RD			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33309			CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT ELECT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, JOSE J MD			NAME	PUENTE, ORLANDO A, MD		
STREET ADDRESS	1321 N.W. 14TH STREET, 306			STREET ADDRESS	8955 SW 87 CT, S-112		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	MIAMI, FL 33176		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address from an other file empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**

CR2E037 (10/02)