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Secretary of State
03-20-2008 90026 001 ***158.75

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

66006171

DOCUMENT # P07000023320

1. Entity Name
GENVASCULAR SURGICAL PA

Principal Place of Business	Mailing Address
2114 SEVEN SPRING BOULEVARD NEW PORT RICHEY, FL 34655 US	2114 SEVEN SPRING BOULEVARD NEW PORT RICHEY, FL 34655 US

02122008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2114 SEVEN SPRINGS BOULEVARD Suite, Apt. #, etc.	2114 SEVEN SPRINGS BOULEVARD Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / County

4. FEI Number 20-8492007 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANIEL RAMIREZ 2114 SEVEN SPRING Boulevard New Port Richey FL 34655	Name: DANIEL RAMIREZ Street Address (P.O. Box Number is Not Acceptable): 2114 SEVEN SPRINGS BOULEVARD City: NEW PORT RICHEY FL Zip Code: 34655

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: ✓ [signature] ✓ 3/10/08
Signature, name or printed name of registered agent and title if applicable (NOTE: Required Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMIREZ, JOSE A 2114 SEVEN SPRING BOULEVARD NEW PORT RICHEY, FL 34655 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMIREZ, DANIEL 2114 SEVEN SPRINGS BOULEVARD ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD RAMIREZ, DANIEL 2114 SEVEN SPRING BOULEVARD NEW PORT RICHEY, FL 34655 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2114 SEVEN SPRINGS BOULEVARD ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMIREZ, JOSE 2114 SEVEN SPRING BOULEVARD NEW PORT RICHEY, FL 34655 ☑ Delete ON Here TWICE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: ✓ [signature] 3/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #