

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 28, 2008
Secretary of State**

DOCUMENT# P07000023320

Entity Name: GENVASCULAR SURGICAL PA

Current Principal Place of Business:

New Principal Place of Business:

2114 SEVEN SPRING BOULEVARD
NEW PORT RICHEY, FL 34655 US

Current Mailing Address:

New Mailing Address:

2114 SEVEN SPRING BOULEVARD
NEW PORT RICHEY, FL 34655 US

FEI Number: 20-8492007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RAMIREZ, DANIEL
2114 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL 34655 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAMIREZ, DANIEL
Address: 2114 SEVEN SPRING BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Delete
Name: RAMIREZ, JOSE
Address: 2114 SEVEN SPRING BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL RAMIREZ

D

07/28/2008

Electronic Signature of Signing Officer or Director

Date