

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023320

Entity Name: GENVASCULAR SURGICAL PA

FILED  
Jan 12, 2011  
Secretary of State

**Current Principal Place of Business:**

2114 SEVEN SPRING BOULEVARD  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

425 ALEDO AVE  
MIAMI, FL 33134 US

**Current Mailing Address:**

2114 SEVEN SPRING BOULEVARD  
NEW PORT RICHEY, FL 34655 US

**New Mailing Address:**

425 ALEDO AVE  
MIAMI, FL 33134 US

FEI Number: 20-8492007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

RAMIREZ, DANIEL MD  
425 ALEDO AVE.  
MIAMI, FL 33431 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: DANIEL RAMIREZ

Electronic Signature of Registered Agent

01/12/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: RAMIREZ, DANIEL  
Address: 425 ALEDO AVE.  
City-St-Zip: MIAMI, FL 33431 US

I hereby 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 all other like empowered.

SIGNATURE: DANIEL RAMIREZ

Electronic Signature of Signing Officer or Director

PRES

01/12/2011

Date