


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000093247

1. Entity Name
GENERAL AND VASCULAR SURGERY SPECIALISTS, INC.



Principal Place of Business
**2800 S SEACREST BLVD SUITE 200
 BOYNTON BEACH, FL 33435**

Mailing Address
**2800 S SEACREST BLVD SUITE 200
 BOYNTON BEACH, FL 33435**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2ED34 (11/05)

4. FEI Number
65-0541951 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LAVENDER, JOEL A ESQ.
 507 SOUTHEAST 11TH COURT
 FORT LAUDERDALE, FL 33316**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MUELLER, GEORGE L M.D.
STREET ADDRESS	2800 SOUTH SEACREST BLVD. STE. 200
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	VP
NAME	LOPEZ-VIEGO, MIGUEL M.D.
STREET ADDRESS	2800 S. SEACREST BLVD., SUITE 200
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/13/06-80056-015 150.00

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 (s) empowered.

SIGNATURE: _____ **3/24/06** **(561) 736-8200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #