


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000093247**

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



Principal Place of Business      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



03072008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0541951**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

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

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

U00000865603  
04/07/08-90025-010 150.00

10. OFFICERS AND DIRECTORS

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

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:** \_\_\_\_\_ **George L. Mueller, MD**      **7/7/08**      **561 736 8200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #