

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093247

FILED  
Apr 25, 2012  
Secretary of State

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

**Current Principal Place of Business:**

2800 S SEACREST BLVD SUITE 200  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

2800 S SEACREST BLVD SUITE 200  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 65-0541951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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:**

Title: P  
Name: MUELLER, GEORGE L M.D.  
Address: 2800 SOUTH SEACREST BLVD. STE. 200  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP  
Name: LOPEZ-VIEGO, MIGUEL M.D.  
Address: 2800 S. SEACREST BLVD., SUITE 200  
City-St-Zip: BOYNTON BEACH, FL 33435

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: GEORGE MUELLER

P

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date