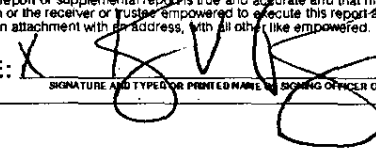


FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90209 004 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K28191		
1. Entity Name VASCULAR SURGERY ASSOCIATES OF NORTH FLORIDA, P.A.		
Principal Place of Business 1617 KING STREET JACKSONVILLE, FL 32204 US		Mailing Address 1617 KING STREET JACKSONVILLE, FL 32204 US
2. Principal Place of Business 2140 Kingsley Ave. Suite, Apt. #, etc. 14		3. Mailing Address 2140 Kingsley Ave. Suite, Apt. #, etc. 14
City & State Orange Park, FL		City & State Orange Park, FL
Zip 32073	Country Clay	Country Clay
4. FEI Number 59-2895258		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AKEL, EDWARD C 1 INDEPENDENT DR STE 2301 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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's signature is required when resigning.) DATE _____		
FILE NOW!!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIFKIN, KERRY V 1617 KING STREET JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2140 Kingsley Ave., Ste. 14 Orange Park, FL 32073 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLISON, ROBERT G 1617 KING STREET JACKSONVILLE, FL 32204 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  X		Kerry V. Rifkin, M.D. (904) 276-9514 X 2/27/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

CR2E034 (10/02)