

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001624

**Entity Name:** VASCULAR AWARENESS FOUNDATION, INC.

**Current Principal Place of Business:**

1881 W. KENNEDY BLVD.  
SUITE A  
TAMPA, FL 33606

**Current Mailing Address:**

1881 W. KENNEDY BLVD.  
SUITE A  
TAMPA, FL 33606 US

**FEI Number:** 46-5234454

**Certificate of Status Desired:** No

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

STELLER, STEPHEN J  
1004 CHARLES ST.  
CLEARWATER, FL 33755 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name STELLER, STEPHEN J  
Address 1004 CHARLES ST.  
City-State-Zip: CLEARWATER FL 33755

Title VP  
Name STELLER, JORDAN M  
Address 1004 CHARLES ST.  
City-State-Zip: CLEARWATER FL 33755

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN J STELLER

**PRESIDENT**

**03/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date