

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23365

**Entity Name:** SOUTH FLORIDA SOCIETY FOR VASCULAR SURGERY, INC.

**Current Principal Place of Business:**

400 CAPITAL CIRCLE,SE  
SUITE 1837  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

400 CAPITAL CIRCLE,SE  
SUITE 1837  
TALLAHASSEE, FL 32301 US

**FEI Number:** 65-0015415

**Certificate of Status Desired:** Yes

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

MOORE, ELLIS & MCDUFFIE, CPA'S  
2627 MITCHAM DRIVE  
TALLAHASSEE, FL 32308 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 EXECUTIVE DIRECTOR  
Name BURKHARDT, ELIZABETH  
Address 400 CAPITAL CIRCLE, SE, SUITE  
18307  
City-State-Zip: TALLAHASSEE FL 32301

Title PRES  
Name CHAHWAN, SANTIAGO MD  
Address 2450 GOODLETTE ROAD N.  
SUITE 102  
City-State-Zip: NAPLES FL 34103

Title SEC  
Name GROVE, MARK MD  
Address 2950 CLEVELAND CLINIC BLVD.  
CLEVELAND CLINIC FLORIDA  
City-State-Zip: WESTON FL 33331

*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:** ELIZABETH BURKHARDT

EXECUTIVE DIRECTOR

04/29/2019

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

\_\_\_\_\_  
Date