

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601735

**Entity Name:** GENERAL & VASCULAR SURGICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

4106 W LAKE MARY BLVD  
#330  
LAKE MARY, FL 32746

**Current Mailing Address:**

4106 W LAKE MARY BLVD  
#330  
LAKE MARY, FL 32746

**FEI Number: 59-1279433**

**Certificate of Status Desired: No**

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

ROBERTSON, JOHN WM.D.  
4106 W LAKE MARY BLVD #330  
LAKE MARY, FL 32746 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 PD  
Name ROBERTSON, JR., JOHN  
Address 4106 W LAKE MARY BLVD #330  
City-State-Zip: LAKE MARY FL 32746

Title VP  
Name CAMERON, BRIAN L  
Address 4106 W LAKE MARY BLVD #330  
City-State-Zip: LAKE MARY FL 32746

Title ST  
Name HUETHER, WILLIAM III MD  
Address 4106 W LAKE MARY BLVD #330  
City-State-Zip: LAKE MARY FL 32746

Title MD  
Name BAIROSSI, NICOLE  
Address 4106 W. LAKE MARY BLVD.  
City-State-Zip: LAKE MARY FL 32746

*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: JOHN W. ROBERTSON, JR., M.D.**

**PRESIDENT**

**01/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date