

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K28191

Entity Name: VASCULAR SURGERY ASSOCIATES OF NORTH FLORIDA, P.A.

Current Principal Place of Business:

2140 KINGSLEY AVE.
14
ORANGE PARK, FL 32073

Current Mailing Address:

2140 KINGSLEY AVE.
14
ORANGE PARK, FL 32073 US

FEI Number: 59-2895258

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AKEL, EDWARD C
1 INDEPENDENTDR STE 2301
JACKSONVILLE, FL 32202 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 MD
Name RIFKIN, KERRY V
Address 2140 KINGSLEY AVE. STE. 14
City-State-Zip: ORANGE PARK FL 32073

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: KERRY V RIFKIN

MD

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date