

**2020 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

Title MD  
Name BANSAL, MANISH  
Address 2140 KINGSLEY AVENUE  
SUITE 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, M.D.

**PHYSICIAN**

**01/15/2020**

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

\_\_\_\_\_  
Date