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.

M.D.

SIGNATURE: RIFKIN, KERRY V

Electronic Signature of Signing Officer/Director Detail

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

Officer/Director Detail :

MD	Title	MD
RIFKIN, KERRY V	Name	BANSAL, MANISH
2140 KINGSLEY AVE. STE. 14	Address	2140 KINGSLEY AVENUE
ORANGE PARK FL 32073	City-State-Zip:	SUITE 14 ORANGE PARK FL 32073
	RIFKIN, KERRY V	RIFKIN, KERRY V Name 2140 KINGSLEY AVE. STE. 14 Address ORANGE PARK FL 32073 Address

2021 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

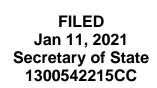
Current Mailing Address:

2140 KINGSLEY AVE. 14 ORANGE PARK, FL 32073 US

FEI Number: 59-2895258

Name and Address of Current Registered Agent:

AKEL, EDWARD C 1 INDEPENDENTDR STE 2301 JACKSONVILLE, FL 32202 US



Date

Certificate of Status Desired: No