## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000109400

Entity Name: SPACE COAST VASCULAR, INC

**Current Principal Place of Business:** 

375 RIVER ISLAND STREET MERRITT ISLAND. FL 32953

## **Current Mailing Address:**

375 RIVER ISLAND STREET MERRITT ISLAND, FL 32953

FEI Number: 20-3283057 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FALLACE, JAMES H 1900 S HICKORY STREET STE. A MELBOURNE, FL 32901 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

FILED May 30, 2013

**Secretary of State** 

CC0344575770

## Officer/Director Detail:

Title PST

Name DOVGAN, PETER M.D.
Address 375 RIVER ISLAND STREET

City-State-Zip: MERRITT ISLAND FL 32953

SIGNATURE: PETER S DOVGAN

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.

Electronic Signature of Signing Officer/Director Detail

MANAGING OFFICER

05/30/2013

Date