

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023320

Entity Name: GENVASCULAR SURGICAL PA

Current Principal Place of Business:

305 SHORE DRIVE E.
MIAMI, FL 33133

Current Mailing Address:

305 SHORE DRIVE E.
MIAMI, FL 33133 US

FEI Number: 20-8492007

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMIREZ, DANIEL MD
305 SHORE DRIVE E.
MIAMI, FL 33133 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 PRES
Name RAMIREZ, DANIEL
Address 305 SHORE DRIVE E.
City-State-Zip: MIAMI FL 33133

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: DANIEL RAMIREZ

PRESIDENT

02/22/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date