

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000093247

**FILED**  
**Mar 11, 2015**  
**Secretary of State**  
**CC4281251384**

**Entity Name:** GENERAL AND VASCULAR SURGERY SPECIALISTS, INC.

**Current Principal Place of Business:**

2800 S SEACREST BLVD SUITE 200  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

2800 S SEACREST BLVD SUITE 200  
BOYNTON BEACH, FL 33435

**FEI Number:** 65-0541951

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAVENDER, JOEL AESQ.  
507 SOUTHEAST 11TH COURT  
FORT LAUDERDALE, FL 33316 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 P  
Name MUELLER, GEORGE LM.D.  
Address 2800 SOUTH SEACREST BLVD. STE.  
200  
City-State-Zip: BOYNTON BEACH FL 33435

Title VP  
Name LOPEZ-VIEGO, MIGUEL M.D.  
Address 2800 S. SEACREST BLVD., SUITE 200  
City-State-Zip: BOYNTON BEACH FL 33435

*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:** GEORGE L MUELLER, MD

P

03/11/2015

Electronic Signature of Signing Officer/Director Detail

Date