2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 601735

1. Entity Name
GENERAL & VASCULAR SURGICAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
4106 W LAKE MARY BLVD #330 LAKE MARY, FL 32746	4106 W LAKE MARY BLVD #330 LAKE MARY, FL 32746

02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1279433 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTSON, JOHN W M.D.
4106 W LAKE MARY BLVD #330
LAKE MARY, FL 32746

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBERTSON, JR., JOHN
STREET ADDRESS	4106 W LAKE MARY BLVD #330
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	VP
NAME	CAMERON, BRIAN L
STREET ADDRESS	4106 W LAKE MARY BLVD #330
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	ST
NAME	HUETHER, WILLIAM III MD
STREET ADDRESS	4106 W LAKE MARY BLVD #330
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/7/06 407-8339195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #