

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90100 039 ***150.00

DOCUMENT # 601735

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



Principal Place of Business

**360 MELLONVILLE AVE
SANFORD FL 32771**

Mailing Address

**360 MELLONVILLE AVE
SANFORD FL 32771**



2. Principal Place of Business

**4106 W. Lake Mary Blvd.
Suite, Apt. #, etc.
#330**

3. Mailing Address

**4106 W. Lake Mary Blvd.
Suite, Apt. #, etc.
#330**

☒ CHECK HERE IF MAKING CHANGES

City & State

Lake Mary, FL

City & State

Lake Mary, FL

4. FEI Number

59-1279433

Applied For

Not Applicable

Zip

32746

Country

Seminole

Zip

32746

Country

Seminole

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROBERTSON, JOHN W M.D.

360 MELLONVILLE AVE

SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4106 W. Lake Mary Blvd. #330

City

Lake Mary

FL

Zip Code

32746

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ROBERTSON, JR., JOHN**
STREET ADDRESS **360 MELLONVILLE AVE**
CITY-ST-ZIP **SANFORD FL**

TITLE **VP** ☐ Delete
NAME **CAMERON, BRIAN L**
STREET ADDRESS **360 MELLONVILLE AVE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **ST** ☐ Delete
NAME **HUETHER, WILLIAM III MD**
STREET ADDRESS **360 MELLONVILLE AVE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4106 W. Lake Mary Blvd. #330**
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **4106 W. Lake Mary Blvd. #330**
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)