


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 08:00 AM
Secretary of State

DOCUMENT # G66260	
1. Entity Name VASCULAR SURGERY ASSOCIATES, P.A.	

Principal Place of Business 1911 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 US	Mailing Address 1911 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 US
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DO NOT WRITE IN THIS SPACE



05142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2332559	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAWHORN, THOMAS I., JR., M.D. 1911 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWHORN, THOMAS I, JR.MD 1911 MICCOSUKEE ROAD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAELIN, LAWRENCE D. 1911 MICCOSUKEE ROAD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIANCO, CHARLES MD 1911 MICCOSUKEE ROAD TALLAHASSEE, FL 32308
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06/13/07-80002-003 150.00

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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: <i>Thomas I. Lawhorn</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	6/13/07 Date	850-877-8539 Daytime Phone #
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