2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# G66260

Entity Name: VASCULAR SURGERY ASSOCIATES, P.A.

Current Principal Place of Business:

2631 CENTENNIAL BLVD
SUITE 100
TALLAHASEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2631 CENTENNIAL BLVD
SUITE 100
TALLAHASEE, FL 32308 US

New Mailing Address:

FEI Number: 59-2332559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KAELIN, LAWRENCE D.,MD
2631 CENTENNIAL BLVD
SUITE 100
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

KAELIN, LAWRENCE D MD
2631 CENTENNIAL BLVD
SUITE 100
TALLAHASSEE, FL 32308 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: LAWRENCE D KAELIN, M.D. 02/17/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KAELIN, LAWRENCE D MD
Address: 2631 CENTENNIAL BLVD, STE 100
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: SD
Name: BRUMBERG, ROBERT S DO
Address: 2631 CENTENNIAL BLVD, STE 100
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VD
Name: HOYNE, ROBERT F MD
Address: 2631 CENTENNIAL BLVD, STE 100
City-St-Zip: TALLAHASEE, FL 32308 US

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: LAWRENCE D KAELIN, MD PD 02/17/2011
Electronic Signature of Signing Officer or Director Date