

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G66260

FILED
Apr 11, 2012
Secretary of State

Entity Name: VASCULAR SURGERY ASSOCIATES, P.A.

Current Principal Place of Business:

2631 CENTENNIAL BLVD
SUITE 100
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2631 CENTENNIAL BLVD
SUITE 100
TALLAHASSEE, 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:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: KALIN, 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: TALLAHASSEE, FL 32308 US

Title: VD
Name: MASSIE, MITCHELL T MD
Address: 2631 CENTENNIAL BLVD, STE 100
City-St-Zip: TALLAHASSEE, 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 KALIN, MD

PD

04/11/2012

Electronic Signature of Signing Officer or Director

Date