

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G88527

FILED
Jun 02, 2010
Secretary of State

Entity Name: VASCULAR SPECIALISTS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1200 SLIGH BLVD
ORLANDO, FL 32806

New Principal Place of Business:

80 WEST MICHIGAN STREET
ORLANDO, FL 32806

Current Mailing Address:

1200 SLIGH BLVD
ORLANDO, FL 32806

New Mailing Address:

80 WEST MICHIGAN STREET
ORLANDO, FL 32806

FEI Number: 59-2253683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MICHAEL J
1200 SLIGH BLVD
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

COHEN, MICHAEL J
80 WEST MICHIGAN STREET
ORLANDO, FL 32806 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:

06/02/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: COHEN, MICHAEL J. MD.
Address: 80 WEST MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

Title: VP
Name: THOMPSON, CHARLES S MD
Address: 80 WEST MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

Title: SEC
Name: WESLEY, JON M MD
Address: 80 WEST MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

Title: TREA
Name: LEVITT, ADAM B
Address: 80 WEST MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

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: MICHAEL J COHEN

P

06/02/2010

Electronic Signature of Signing Officer or Director

Date