

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# G88527

**FILED**  
**Nov 30, 2011**  
**Secretary of State**

**Entity Name:** VASCULAR SPECIALISTS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

80 WEST MICHIGAN STREET  
ORLANDO, FL 328064453

**New Principal Place of Business:**

**Current Mailing Address:**

80 WEST MICHIGAN STREET  
ORLANDO, FL 328064453

**New Mailing Address:**

**FEI Number:** 59-2253683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOYCE, ELISA  
80 WEST MICHIGAN STREET  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

JOYCE, ELISA  
80 WEST MICHIGAN STREET  
ORLANDO, FL 328064453 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:

Electronic Signature of Registered Agent

11/30/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: THOMPSON, CHARLES S MD  
Address: 80 WEST MICHIGAN STREET  
City-St-Zip: ORLANDO, FL 328064453

Title: VSD  
Name: WESLEY, JON M MD  
Address: 80 WEST MICHIGAN STREET  
City-St-Zip: ORLANDO, FL 328064453

Title: TD  
Name: LEVITT, ADAM B MD  
Address: 80 WEST MICHIGAN STREET  
City-St-Zip: ORLANDO, FL 328064453

Title: D  
Name: COHEN, MICHAEL J MD  
Address: 933 LANCASTER DRIVE  
City-St-Zip: ORLANDO, FL 328062312

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: CHARLES S. THOMPSON, M.D.

P

11/30/2011

Electronic Signature of Signing Officer or Director

Date