2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2012
Secretary of State

DOCUMENT# G88527

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 ( )**

Name and Address of Current Registered Agent:

JOYCE, ELISA
80 WEST MICHIGAN STREET
ORLANDO, FL 328064453 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: 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 PD 01/12/2012

Electronic Signature of Signing Officer or Director — Date