


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K84141 (6) 1. Corporation Name VASCULAR INSTITUTE OF FLORIDA, INC.			
Principal Place of Business 643 6TH AVE. S. ST. PETERSBURG FL 33701		Mailing Address 631 6TH AVE SOUTH ST. PETERSBURG FL 33701 US	
2. Principal Place of Business 21 631 Sixth Ave S. Suite, Apt. #, etc. 22		2a. Mailing Address 26 631 Sixth Ave S. Suite, Apt. #, etc. 27	
City & State 23 St. Petersburg, FL Zip 24 33701 Country 25 USA		City & State 28 St. Petersburg, FL Zip 29 33701 Country 30 USA	
3. Date Incorporated or Qualified 04/28/1989			
4. FEI Number 59-3026382 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent PRUITT, J. CRAYTON 643 SIXTH AVENUE SOUTH ST. PETERSBURG FL 33701		10. Name and Address of New Registered Agent 81 Name Pruitt J. Crayton 82 Street Address (P.O. Box Number is Not Acceptable) 631 6th Ave South 83 84 City St. Petersburg FL 85 Zip Code 33701	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>J. Crayton Pruitt MD</i> (NOTE: Registered Agent signature required when reinstating) DATE 4-25-98			
12. OFFICERS AND DIRECTORS TITLE PD NAME CRAYTON, PRUITT J. STREET ADDRESS 643 6TH AVE. S. CITY-ST-ZIP ST. PETERSBURG FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD 1.2 NAME PRUITT, J. Crayton 1.3 STREET ADDRESS 631 6th Ave South 1.4 CITY-ST-ZIP St. Petersburg FL 33701 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Crayton Pruitt MD* *P. Pruitt* 4/30/98 18131886-848

CR2E034 (10/97)