

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006783

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: FLORIDA VASCULAR FOUNDATION, INC.

**Current Principal Place of Business:**

400 CAPITAL CIRCLE SE., SUITE 18307  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

400 CAPITAL CIRCLE SE., SUITE 18307  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 26-3038752

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MOORE, CHARLETTE CPA  
2627 MITCHUM DRIVE  
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: D ( ) Delete  
Name: LEE, ANTHONY W MD  
Address: 2106 SW 106TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: WINTER, ROBERT P MD  
Address: 131 STONE HILL DRIVE  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: BACK, MARTIN MD  
Address: 17806 EAGLE TRACE STREET  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: KATZMAN, HOWARD E MD  
Address: 7255 S.W. 140TH TERRACE  
City-St-Zip: MIAMI, FL 33158

Title: D ( ) Delete  
Name: NELSON, PETER MD  
Address: 3520 SW 87TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: LEE, ANTHONY W MD  
Address: 2106 SW 106TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32607

Title: DR. (X) Change ( ) Addition  
Name: WINTER, ROBERT P MD  
Address: 131 STONE HILL DRIVE  
City-St-Zip: MAITLAND, FL 32751

Title: DR. (X) Change ( ) Addition  
Name: BACK, MARTIN MD  
Address: 17806 EAGLE TRACE STREET  
City-St-Zip: TAMPA, FL 33647

Title: DR. (X) Change ( ) Addition  
Name: KATZMAN, HOWARD E MD  
Address: 7255 S.W. 140TH TERRACE  
City-St-Zip: MIAMI, FL 33158

Title: DR. (X) Change ( ) Addition  
Name: NELSON, PETER MD  
Address: 3520 SW 87TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH BURKHARDT

MRS.

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date