2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006783

Entity Name: FLORIDA VASCULAR FOUNDATION, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
400 CAPITAL CIRCLE SE., SUITE 18307 TALLAHASSEE, FL 32301	400 CAPITAL CIRCLE SE., SUITE 18307 SUITE 1837 TALLAHASSEE, FL 32301 UN

Current Mailing Address:	**New Mailing Address:**
400 CAPITAL CIRCLE SE., SUITE 18307 TALLAHASSEE, FL 32301	

FEI Number: 26-3038752   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MOORE, CHARLETTE CPA 2627 MITCHUM DRIVE TALLAHASSEE, FL 32308 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   Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH BURKHARDT   DIR   05/16/2011
        Electronic Signature of Signing Officer or Director   Date