

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006783

FILED
Apr 14, 2012
Secretary of State

Entity Name: FLORIDA VASCULAR FOUNDATION, INC.

Current Principal Place of Business:

400 CAPITAL CIRCLE SE., SUITE 18307
SUITE 1837
TALLAHASSEE, FL 32301 UN

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: 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 J. BURKHARDT

DIR

04/14/2012

Electronic Signature of Signing Officer or Director

Date