

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007233

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE FLORIDA GULF COAST VASCULAR ACCESS NETWORK, INC.

Current Principal Place of Business:

486 ORANGE STREET
OZONA, FL 34660

New Principal Place of Business:

Current Mailing Address:

PO BOX 388
OZONA, FL 34660

New Mailing Address:

FEI Number: 26-3100942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSTETT, LISA A
486 ORANGE STREET
OZONA, FL 34660 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: P () Delete
Name: ANSTETT, LISA A
Address: PO BOX 388
City-St-Zip: OZONA, FL 34660

Title: VP () Delete
Name: MEHNER, SANDRA
Address: 5611 TERN COURT
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LISA ANSTETT

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date