

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N23365

FILED  
Dec 19, 2007  
Secretary of State

**Entity Name:** SOUTH FLORIDA SOCIETY FOR VASCULAR SURGERY, INC.

**Current Principal Place of Business:**

C/O ELIZABETH SULLIVAN  
123 SOUTH ADAMS STREET  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ELIZABETH SULLIVAN  
123 SOUTH ADAMS STREET  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

**FEI Number:** 65-0015415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SULLIVAN, ELIZABETH J DIR.  
123 SOUTH ADAMS STREET  
TALLAHASSEE, FL 32301 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: ELIZABETH SULLIVAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR. ( ) Delete  
Name: SULLIVAN, ELIZABETH J DIR.  
Address: 123 SOUTH ADAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: PRES ( ) Delete  
Name: ZELTZER, JACK MD  
Address: 4665 S. CONGRESS AVENUE  
City-St-Zip: LAKE WORTH, FL 33461

Title: SEC ( ) Delete  
Name: SCHLAEN, HORACIO MD  
Address: 3540 N. 55 AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021

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

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

Title: PRES (X) Change ( ) Addition  
Name: ETON, DARWIN MD  
Address: 1321 NW 14TH STREET, SUITE 306  
City-St-Zip: MIAMI, FL 33125

Title: SEC (X) Change ( ) Addition  
Name: FELDBAUM, DAVID MD  
Address: 2261 N. UNIVERSITY DRIVE, SUITE 202  
City-St-Zip: HOLLYWOOD, FL 33024

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 SULLIVAN

DIR

12/19/2007

Electronic Signature of Signing Officer or Director

Date