2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# N23365

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)**

Name and Address of Current Registered Agent:

SULLIVAN, ELIZABETH J DIR.
123 SOUTH ADAMS STREET
TALLAHASSEE, FL 32301 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:	DIR.	( ) Delete
Name:	SULLIVAN, ELIZABETH J DIR.	
Address:	123 SOUTH ADAMS STREET	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	PRES	( ) Delete
Name:	ETON, DARWIN MD	
Address:	1321 NW 14TH STREET, SUITE 306	
City-St-Zip:	MIAMI, FL 33125	
Title:	SEC	( ) Delete
Name:	FELDBAUM, DAVID MD	
Address:	2261 N. UNIVERSITY DRIVE, SUITE 202	
City-St-Zip:	HOLLYWOOD, FL 33024	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DARWIN ETON, MD PRES 02/25/2008

Electronic Signature of Signing Officer or Director — Date