

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23365

FILED
May 16, 2011
Secretary of State

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

Current Principal Place of Business:

400 CAPITAL CIRCLE,SE
SUITE 1837
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

400 CAPITAL CIRCLE,SE
SUITE 1837
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 65-0015415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, ELLIS & MCDUFFIE, CPA'S
2627 MITCHAM 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: DIR.
Name: BURKHARDT, ELIZABETH J DIR.
Address: 400 CAPITAL CIRCLE, SE, SUITE 18307
City-St-Zip: TALLAHASSEE, FL 32301

Title: PRES
Name: HORACIO, SCHLAEN MD
Address: 2261 N. UNIVERSITY DRIVE, SUITE 202
City-St-Zip: HOLLYWOOD, FL 33024

Title: SEC
Name: RAJASINGHE, HIRANYA MD
Address: 2450 GOODLETTE ROAD N., SUITE 102
City-St-Zip: NAPLES, FL 34103

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