FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28456** **(4)**

1. Corporation Name

FLORIDA VASCULAR SOCIETY, INC.

Principal Place of Business	Mailing Address
~~1200 SLIGH BLVD.~~ 5741 Bee Ridge #400 ~~ORLANDO FL 32806~~ Sarasota, FL 34233	~~1200 SLIGH BLVD.~~ 5741 Bee Ridge #400 ~~ORLANDO FL 32806~~ Sarasota, FL

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 5741 Bee Ridge #400	26 Suite, Apt. #, etc.: 5741 Bee Ridge Rd #400
22 City & State: Sarasota Fl.	27 City & State: Sarasota Fl.
23 Zip: 34233	28 Zip: 34233
24 Country:	29 Country:
25	30

3. Date Incorporated or Qualified: 09/21/1988

4. FEI Number: 59-2916514 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REID, JOHN
~~390 N ORANGE AVE.~~
~~ORLANDO FL 32801~~

10. Name and Address of New Registered Agent

81 Name: Russell H. Samson, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 5741 Bee Ridge Rd
83: #400
84 City: Sarasota **FL** 85 Zip Code: 34233

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~MD~~ D	☐ DELETE	1.1 TITLE	~~Pres.~~ D	☒ Change ☐ Addition
NAME	FRIEDELL, MARK		1.2 NAME		
STREET ADDRESS	1200 SLIGH BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	DENNIS, JAMES		2.2 NAME		
STREET ADDRESS	653 W 8TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209		2.4 CITY-ST-ZIP		
TITLE	~~RD~~ D	☒ DELETE	3.1 TITLE	~~Secy.~~ D	☐ Change ☒ Addition
NAME	LIEBMAN, PAUL		3.2 NAME	Russell Samson	
STREET ADDRESS	2511 N FLAGLER DR.		3.3 STREET ADDRESS	5741 Bee Ridge Rd #400	
CITY-ST-ZIP	W. PALM BCH. FL 33407		3.4 CITY-ST-ZIP	Sarasota, FL 34233	
				Secretary/Treasurer (D)	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Friedell MD 1/9/98 407-648-4333