2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 08:00 AM
Secretary of State

DOCUMENT # **N28456**

1. Entity Name
FLORIDA VASCULAR SOCIETY, INC.

Principal Place of Business	Mailing Address
5741 BEE RIDGE 400 SARASOTA FL 34233 US	5741 BEE RIDGE 400 SARAOSTA FL 34233 US

2. Principal Place of Business	3. Mailing Address
113 EAST COLLEGE AVENUE	P.O. BOX 10269
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE FL	City & State: TALLAHASSEE FL
Zip: 32302 Country: US	Zip: 32302 Country: US

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAMSON RUSSELL HMD 5741 BEE RIDGE RD 400 SARASOTA FL 34233 US	Name: SAMSON RUSSELL HMD Street Address (P.O. Box Number is Not Acceptable): 113 EAST COLLEGE AVENUE City: TALLAHASSEE FL Zip Code: 32302

8. 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 _____ **08/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLDENBURG ANDREW MD 4500 SAN PABLO ROAD SOUTH JACKSONVILLE FL 32224	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BANDYK DENNIS FMD 4 COLUMBIA DRIVE #730 TAMPA FL 33606	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SENDZISCHEW HARRY MD 1029 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SAMSON RUSSELL 5741 BEE RIDGE RD 400 SARASOTA FL 34233		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PM SAMSON RUSSELL HMD 5741 BEE RIDGE RD SUITE 400 SARASOTA FL 34233	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENNIS JAMES 653 W 8TH ST. JACKSONVILLE FL 32209		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIEDELL MARK 1200 SLIGH BLVD. ORLANDO FL 32806		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

CR2E037 (11/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Russell H. Samson, M.D. PM 08/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #