2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 AM
Secretary of State

DOCUMENT# N28456

Entity Name: FLORIDA VASCULAR SOCIETY, INC.

Current Principal Place of Business:

113 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32302 US

New Principal Place of Business:

113 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301 US

Current Mailing Address:

P.O. BOX 10269
TALLAHASSEE, FL 32302 US

New Mailing Address:

PO BOX 10269
TALLAHASSEE, FL 32302 US

FEI Number: 59-2916514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAMSON, RUSSELL H MD
113 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32302 US

Name and Address of New Registered Agent:

SAMSON, RUSSELL H MD
113 EAST COLLEGE AVENUE
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: _____ 02/13/2002
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PM	( ) Delete
Name:	SAMSON, RUSSELL H MD	
Address:	5741 BEE RIDGE RD SUITE 400	
City-St-Zip:	SARASOTA, FL 34233 US	
Title:	D	( ) Delete
Name:	BANDYK, DENNIS F MD	
Address:	4 COLUMBIA DRIVE #730	
City-St-Zip:	TAMPA, FL 33606 US	
Title:	D	( ) Delete
Name:	OLDENBURG, ANDREW MD	
Address:	4500 SAN PABLO ROAD SOUTH	
City-St-Zip:	JACKSONVILLE, FL 32224 US	
Title:	ST	( ) Delete
Name:	SENDZISCHEW, HARRY MD	
Address:	1029 KANE CONCOURSE	
City-St-Zip:	BAY HARBOR ISLANDS, FL 33154 US	

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RUSSEL H. SAMSON, M.D. PM 02/13/2002
Electronic Signature of Signing Officer or Director — Date