

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28456

Entity Name: FLORIDA VASCULAR SOCIETY, INC.

FILED
Apr 20, 2004
Secretary of State

Current Principal Place of Business:

113 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

123 S. ADAMS ST
TALLAHASSEE, FL 32301 US

Current Mailing Address:

PO BOX 10269
TALLAHASSEE, FL 32302 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BANDYK, DENNIS MD
113 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ALVAREZ, JOSE MD
123 S. ADAMS ST
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: JOSE ALVAREZ

04/20/2004

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 (X) Delete
Name: OLDENBURG, ANDREW MD
Address: 4500 SAN PABLO ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: ST (X) 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: PM (X) Change () Addition
Name: ALVAREZ, JOSE MD
Address: 1321 NW 14TH STREET, STE. 306
City-St-Zip: MIAMI, FL 33125 US

Title: ST (X) Change () Addition
Name: COLLINS, PAUL S MD
Address: 1201 5TH AVE N, STE 200
City-St-Zip: ST. PETERSBURG, FL 33705 US

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: JOSE ALVAREZ

PM

04/20/2004

Electronic Signature of Signing Officer or Director

Date