

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28456

FILED
Apr 20, 2009
Secretary of State

Entity Name: FLORIDA VASCULAR SOCIETY, INC.

Current Principal Place of Business:

123 S. ADAMS ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

400 CAPITAL CIRCLE, SE
SUITE 18307
TALLAHASSEE, FL 32301 US

Current Mailing Address:

PO BOX 10269
TALLAHASSEE, FL 32302 US

New Mailing Address:

400 CAPITAL CIRCLE, SE
SUITE 18307
TALLAHASSEE, FL 32301 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:

WINTER, ROBERT P MD
123 S. ADAMS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MOORE, ELLIS & MCDUFFIE, CPAS
2627 MITCHAM DRIVE
TALLAHASSEE, FL 32308 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: ELIZABETH BURKHARDT

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PE () Delete
Name: LEE, ANTHONY MD
Address: 1701 NORTH MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803 US

Title: P () Delete
Name: WINTER, ROBERT P MD
Address: 131 STONE HILL DRIVE
City-St-Zip: MAITLAND, FL 32751 US

Title: T () Delete
Name: BACK, MARTIN R MD
Address: 17806 EAGLE TRACE STREET
City-St-Zip: TAMPA, FL 33647

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ELIZABETH BURKHARDT

MRS.

04/20/2009

Electronic Signature of Signing Officer or Director

Date