

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28456

FILED  
May 04, 2010  
Secretary of State

**Entity Name:** FLORIDA VASCULAR SOCIETY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2916514      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BACK, MARTIN MD  
**Address:** 17806 EAGLE TRACE STREET  
**City-St-Zip:** TAMPA, FL 33647 US

**Title:** PP  
**Name:** PALAMARA, ARTHUR MD  
**Address:** 4200 MANGRUM CT.  
**City-St-Zip:** HOLLYWOOD, FL 33021 US

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH SULLIVAN

DIR

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date