

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28456

FILED
May 16, 2011
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 ()

Name and Address of Current Registered Agent:

MOORE, ELLIS & MCDUFFIE, CPAS
2627 MITCHAM DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: KAE LIN, DANIEL MD
Address: 2631 CENTENNIAL BLVD., SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: PP
Name: BACK, MARTIN MD
Address: 17806 EAGLE TRACE STREET
City-St-Zip: TAMPA, FL 33647 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 BURKHARDT

DIR

05/16/2011

Electronic Signature of Signing Officer or Director

Date