

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28456

FILED  
Apr 26, 2012  
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 (X)**

**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: NELSON, PETER R MD  
Address: 1600 SW ARCHER RD., SUITE NG-45  
City-St-Zip: GAINESVILLE, FL 32610-012 US

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

Title: TR  
Name: RAJASINGHE, HIRANYA A MD  
Address: 2450 GOODLETTE ROAD, #102  
City-St-Zip: NAPLES, FL 34103

Title: COUN  
Name: ADCOCK, G. K. MD  
Address: 400 S. MAITLAND AVE.  
City-St-Zip: MAITLAND, FL 32751

Title: COUN  
Name: ARMSTRONG, PAUL DO  
Address: 2 TAMPA GENERAL CIRCLE, SUITE 7001  
City-St-Zip: TAMPA, FL 33606

Title: COUN  
Name: RISLEY, GEOFFREY MD  
Address: 1824 KING STREET, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32204

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 J. BURKHARDT

DIR

04/26/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date