

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

04-04-2001 90148 032 ***150.00

DOCUMENT # P00000003591

1. Entity Name

ENDOVASCULAR THERAPY ASSOCIATES, INC.

Principal Place of Business

2511 Ponce de Leon Blvd.
 Suite 400
 Coral Gables, FL 33134

Mailing Address

2511 Ponce de Leon Blvd.
 Suite 400
 Coral Gables, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0979575

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES
 ONE S.E. 3RD AVENUE, 28TH FLOOR
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
 TOM HERALD

Street Address (P.O. Box Number is Not Acceptable)
 2511 PONCE DE LEON BLVD., SUITE 400

City
 CORAL GABLES

FL

Zip Code
 33134

8. 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 X

Signature, typed or printed name of registered agent and the corporation.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSD
 NAME Katzen, Barry M.D.
 STREET ADDRESS 2511 Ponce de Leon Blvd., #400
 CITY-ST-ZIP Coral Gables, FL 33134 ☐ Delete

TITLE VD
 NAME Kanter, Steven R. M.D.
 STREET ADDRESS 2511 Ponce de Leon Blvd., #400
 CITY-ST-ZIP Coral Gables, FL 33134 ☐ Delete

TITLE VD
 NAME Puente, Orlando
 STREET ADDRESS 2511 Ponce de Leon Blvd., #400
 CITY-ST-ZIP Coral Gables, FL 33134 ☐ Delete

TITLE VD
 NAME Reiss, Ian M. M.D.
 STREET ADDRESS 2511 Ponce de Leon Blvd., #400
 CITY-ST-ZIP Coral Gables, FL 33134 ☐ Delete

TITLE VD
 NAME Alvarez, Jose, M.D.
 STREET ADDRESS 2511 Ponce de Leon Blvd., #400
 CITY-ST-ZIP Coral Gables, FL 33134 ☐ Delete

TITLE T
 NAME Herald, Tom
 STREET ADDRESS 2511 Ponce de Leon Blvd., #400
 CITY-ST-ZIP Coral Gables, FL 33134 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X TOM HERALD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

Date

305-446-2378

Daytime Phone #

CR2E034 (11/00)