

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90001 006 ***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

2555 Ponce de Leon Blvd.

3. Mailing Address

2555 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

Zip

33134

Country

4. FEI Number

65-0979575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (4/04)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Medical Business Services

Street Address (P.O. Box Number is Not Acceptable)

2555 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/23/2004

FILE NOW!!! FEE IS \$55.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S. 607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME KATZEN, BARRY MD
STREET ADDRESS 2511 PONCE DE LEON BLVD 400
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VD ☐ Delete
NAME KANTER, STEVEN R MD
STREET ADDRESS 2511 PONCE DE LEON BLVD 400
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VD ☐ Delete
NAME PUENTE, ORLANDO
STREET ADDRESS 2511 PONCE DE LEON BLVD #400
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VD ☐ Delete
NAME REISS, IAN M MD
STREET ADDRESS 2511 PONCE DE LEON BLVD 400
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE T ☐ Delete
NAME HERALD, THOMAS J
STREET ADDRESS 2511 PONCE DE LEON BLVD #400
CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☒ Change ☐ Addition
NAME Katzen, Barry MD
STREET ADDRESS 2555 Ponce de Leon Blvd. Suite 400
CITY-ST-ZIP Coral Gables, FL 33134

TITLE VD ☒ Change ☐ Addition
NAME Kanter, Steven R MD
STREET ADDRESS 2555 Ponce de Leon Blvd. Suite 400
CITY-ST-ZIP Coral Gables, FL 33134

TITLE VD ☒ Change ☐ Addition
NAME Puente, Orlando MD
STREET ADDRESS 2555 Ponce de Leon Blvd. Suite 400
CITY-ST-ZIP Coral Gables, FL 33134

TITLE VD ☒ Change ☐ Addition
NAME Reiss, Ian M. MD
STREET ADDRESS 2555 Ponce de Leon Blvd. Suite 400
CITY-ST-ZIP Coral Gables, FL 33134

TITLE T ☒ Change ☐ Addition
NAME Herald, Thomas J.
STREET ADDRESS 2555 Ponce de Leon Blvd. Suite 400
CITY-ST-ZIP Coral Gables, FL 33134

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/2004

Date

305-702-5634

Daytime Phone #

Attachment
54069709



Medical Business Service, Inc.

2555 Ponce de Leon Boulevard, Suite 400
Coral Gables, FL 33134-5987
(305) 446-2378 • 1 (800) 780-6271
Fax (305) 446-5209

August 23rd, 2004

Florida Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, Florida 32301

Re: Endovascular Therapy Assoc., Inc.
2004 Florida Annual Report
Document # P00000003591
FEI Number 65-0979575

To whom it may concern,

Please be advised that due to a change of building number by the City of Coral Gables, the 2004 annual corporation renewal post cards were not received at our counters.

Please wave the late charges and find enclosed a check for \$150.00.

Thank you very much for your assistance in this matter.

Sincerely,

Marina Alonso-Mendoza
CFO

Encl: as stated