


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2006 08:00 A
Secretary of State

DOCUMENT # P00000003591 1. Entity Name ENDOVASCULAR THERAPY ASSOCIATES, INC.	
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Principal Place of Business 2555 PONCE DE LEON BLVD. SUITE 400 CORAL GABLES, FL 33134	Mailing Address 2555 PONCE DE LEON BLVD. SUITE 400 CORAL GABLES, FL 33134
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07262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0979575	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEDICAL BUSINESS SERVICES 2555 PONCE DE LEON BLVD STE 400 CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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)

U000000573383

08/04/06-80064-025 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KATZEN, BARRY MD 2555 PONCE DE LEON BLVD STE 400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KANTER, STEVEN R MD 2555 PONCE DE LEON BLVD STE 400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PUENTE, ORLANDO 2555 PONCE DE LEON BLVD STE 400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REISS, IAN M MD 2555 PONCE DE LEON BLVD STE 400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERALD, THOMAS J 2555 PONCE DE LEON BLVD STE 400 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #