

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000003591

1. Entity Name
ENDOASCULAR THERAPY ASSOCIATES, INC.



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**



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0979575

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

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 #