

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000003591

FILED
Jan 21, 2009
Secretary of State

Entity Name: ENDOVASCULAR THERAPY ASSOCIATES, INC.

Current Principal Place of Business:

2555 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2555 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0979575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDICAL BUSINESS SERVICES
2555 PONCE DE LEON BLVD
STE 400
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: KATZEN, BARRY MD
Address: 2555 PONCE DE LEON BLVD STE 400
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: KANTER, STEVEN R MD
Address: 2555 PONCE DE LEON BLVD STE 400
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: PUENTE, ORLANDO
Address: 2555 PONCE DE LEON BLVD STE 400
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: REISS, IAN M MD
Address: 2555 PONCE DE LEON BLVD STE 400
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: HERALD, THOMAS J
Address: 2555 PONCE DE LEON BLVD STE 400
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J HERALD

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01/21/2009

Electronic Signature of Signing Officer or Director

Date