

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000003591

FILED
Mar 20, 2012
Secretary of State

Entity Name: ENDOVASCULAR THERAPY ASSOCIATES, INC.

Current Principal Place of Business:

151 N. HOB HILL ROAD
NO. 273
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

151 N. HOB HILL ROAD
NO. 273
PLANTATION, FL 33324

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:

HAMMER, SAMUEL K
151 N. NOB HILL ROAD
NO. 273
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PSD
Name: KATZEN, BARRY MD
Address: 151 N. NOB HILL ROAD, #273
City-St-Zip: PLANTATION, FL 33324

Title: VD
Name: KANTER, STEVEN R MD
Address: 151 N. NOB HILL ROAD, #273
City-St-Zip: PLANTATION, FL 33324

Title: VD
Name: RUA, IGNACIO
Address: 151 N. NOB HILL ROAD, #273
City-St-Zip: PLANTATION, FL 33324

Title: VD
Name: REISS, IAN M MD
Address: 151 N. NOB HILL ROAD, #273
City-St-Zip: PLANTATION, FL 33324

Title: T
Name: HERALD, THOMAS J
Address: 151 N. NOB HILL ROAD, #273
City-St-Zip: PLANTATION, FL 33324

I hereby 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 all other like empowered.

SIGNATURE: DENNIS WISEMAN

COO

03/20/2012

Electronic Signature of Signing Officer or Director

Date