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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

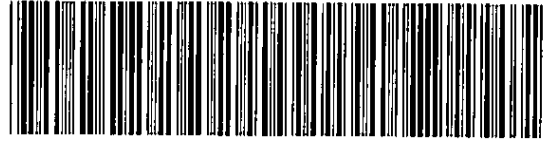
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
12 AUG 19 PM 2:50

Ra Chang

AUG 27 2019

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Endovascular Therapy Associates, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 9775354563CC

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Hammer

Name of Contact Person

Hammer Navarro & Associates

Firm/Company

400 NW 74th Avenue

Address

Plantation, FL 33317

City/State and Zip Code

dhammer@hhaacpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tori King

Name of Contact Person

at ( 954 ) 370-6100

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS  
19 AUG 19 PM 2:09

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Endovascular Therapy Associates, Inc.
2. The principal office address: 8900 N. Kendall Drive, Miami, FL 33176
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/11/2000 Document number: 9775354563CC

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Gloria Escobar

8900 N. Kendall Drive

Miami, FL 33176

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Brandi Rodkin

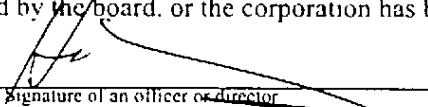
8900 N. Kendall Drive

P.O. Box NOT acceptable

Miami, FL 33176

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

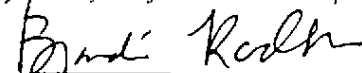
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Hao Vuong

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*



Signature of Registered Agent

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12-11-00 PM 2:30