

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000003740

FILED
Feb 17, 2011
Secretary of State

Entity Name: IMS VASCULAR PARTNERS OF ORLANDO, INC.

Current Principal Place of Business:

1511 SLIGH BLVD
STE A
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

3885 OAKWATER CIRCLE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-1362451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY
3885 OAKWATER CIRCLE
ORLANDO, FL 32806 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: D
Name: ABBOTT, LIONEL C M.D.
Address: 3885 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: ABREU, ELPIDIO A M.D.
Address: 3885 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: COHEN, JEFFREY M M.D.
Address: 3885 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: PRINCE, TIMOTHY MD
Address: 3885 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: LARRANAGA, JORGE A MD
Address: 3885 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: MADAN, ARVIND M.D.
Address: 3885 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806

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: JEFFREY COHEN

D

02/17/2011

Electronic Signature of Signing Officer or Director

Date