

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90157 029 \*\*\*150.00

**DOCUMENT #** P00000106302

**1. Entity Name**

ENDOVASCULAR SPECIALISTS, P.A.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

5301 S. Congress Ave.

**3. Mailing Address**

505 S. Flagler Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1330

**City & State**  
Atlantis, FL

**City & State**  
W. Palm Beach, FL

**4. FEI Number** 65-1056580

Applied For

Not Applicable

**Zip**  
33462

**Country**  
USA

**Zip**  
33401

**Country**  
USA

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
Kirk Friedland

**Street Address (P.O. Box Number is Not Acceptable)**  
505 S. Flagler Dr., #1330

**City** W. Palm Beach **FL** **Zip Code** 33401

**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**

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**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
D	Howard Butler, M.D.	5301 S. Congress Ave.	Atlantis, FL 33462
D	Damien Joy, M.D.	4915 S. Congress Ave., Suite C	Lake Worth, FL 33461
D	Jack Zeltzer, M.D.	4645 S. Congress Ave. #100	Lake Worth, FL 33461
D	Robert Scoma, M.D.	1411 N. Flagler Highway, Suite 8300	W. Palm Beach, FL 33401

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 exemption stated in Section 119.07(3)(i), 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 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 #

CR2E034B (12/02)