
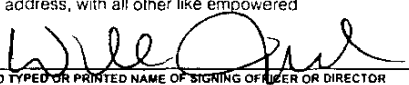


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90009 022 ***150.00

DOCUMENT # P01000037667					
1. Entity Name SOUTH FLORIDA VASCULAR ASSOCIATES, P.A.					
Principal Place of Business C/O 201 S. BISCAYNE BLVD., 20TH FL MIAMI, FL 33131			Mailing Address C/O 201 S. BISCAYNE BLVD., 20TH FL MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 2825 N. STATE ROAD 7		3. Mailing Address			
Suite, Apt. #, etc. SUITE 303		Suite, Apt. #, etc.			
City & State MARGATE, FLORIDA		City & State			
Zip 33063		Country USA		4. FEI Number 65-1113651	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPRATT, WILLIAM J ESQ C/O 201 S. BISCAYNE BLVD., 20TH FL MIAMI, FL 33131			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete JULIEN, WILLIAM MD 6053 NW 91ST AVE PARKLAND, FL 33067		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JULIEN, WILLIAM, M.D. 2825 N. STATE ROAD 7, SUITE 303 MARGATE, FLORIDA 33063	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: 			2-27-07 554-975-6161		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		