2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2011
Secretary of State

DOCUMENT# P01000037667

Entity Name: SOUTH FLORIDA VASCULAR ASSOCIATES, P.A.

Current Principal Place of Business:

5300 W. HILLSBORO BLVD., STE 107
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

5300 W. HILLSBORO BLVD.
SUITE 107
COCONUT CREEK, FL 33073 US

Current Mailing Address:

200 S. BISCAYNE BLVD.
SUITE 3900
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-1113651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPRATT, WILLIAM J JR
200 SOUTH BISCAYNE BLVD.
SUITE 3900
MIAMI, FL 33131 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: DPST
Name: JULIEN, WILLIAM MD
Address: 5300 W. HILLSBORO BLVD., STE 107
City-St-Zip: COCONUT CREEK, FL 33073 US

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: WILLIAM JULIEN, M.D. DPST 04/11/2011

Electronic Signature of Signing Officer or Director Date