


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90360 009 \*\*\*150.00

<b>DOCUMENT # P03000103352</b> 1. Entity Name <b>VASCULAR ED CALL ASSOCIATES, INC.</b>			
Principal Place of Business <b>2511 PONCE DE LEON BLVD STE 400</b> <b>CORAL GABLES, FL 33134</b>		Mailing Address <b>2511 PONCE DE LEON BLVD STE 400</b> <b>CORAL GABLES, FL 33134</b>	
2. Principal Place of Business <b>2555 Ponce de Leon Blvd.</b> Suite, Apt. #, etc. <b>Suite 400</b>		3. Mailing Address <b>2555 Ponce de Leon Blvd.</b> Suite, Apt. #, etc. <b>Suite 400</b>	
City & State <b>Coral Gables, FL</b> Zip <b>33134</b>		City & State <b>Coral Gables, FL</b> Zip <b>33134</b>	
4. FEI Number <b>45-0528314</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AMERICAN INFORMATION SERVICES, INC.</b> <b>ONE S E 3RD AVE 28TH FL</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Alvarez, Jose Jr. MD</b> <b>2555 Ponce de Leon Blvd #400</b> <b>Coral Gables, FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Katzen, Barry MD</b> <b>2555 Ponce de Leon Blvd. #400</b> <b>Coral Gables, FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Herald, Tom</b> <b>2555 Ponce de Leon Blvd. #400</b> <b>Coral Gables, FL 33134</b>	<input type="checkbox"/> Change <input checked="" 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	