

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90002 025 \*\*\*150.00

**DOCUMENT # P03000103352**

1. Entity Name

VASCULAR ED CALL ASSOCIATES, INC.



Principal Place of Business

2555 PONCE DE LEON BLVD, SUITE 400  
CORAL GABLES, FL 33134

Mailing Address

2555 PONCE DE LEON BLVD, SUITE 400  
CORAL GABLES, FL 33134

50025026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07272006

Chg-P

CR2E034 (11/05)

4. FEI Number

45-0528316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, HERALD J  
2555 PONCE DE LEON BLVD #400  
CORAL GABLES, FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ALVAREZ, JOSE JR  
STREET ADDRESS 2555 PONCE DE LEON BLVD, SUITE 400  
CITY-ST-ZIP MIAMI, FL 33134

TITLE S ☐ Delete  
NAME TEATZEY, BARRY  
STREET ADDRESS 2555 PONCE DE LEON BLVD, SUITE 400  
CITY-ST-ZIP MIAMI, FL 33134

TITLE T ☐ Delete  
NAME HERALD, TOM  
STREET ADDRESS 2555 PONCE DE LEON BLVD, SUITE 400  
CITY-ST-ZIP MIAMI, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME KATZEN, BARRY  
STREET ADDRESS 2555 PONCE DE LEON BLVD., STE 400  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #