

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra H. McKnight Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	---

DOCUMENT # **P93000073876 (3)**

1. Incorporator Name:

NATIONAL VASCULAR GROUP, INC.

Principal Place of Business 2401 W. EAU GALIE BLVD. STE. 2 MELBOURNE FL 32935 US	Mailing Address 2401 W. EAU GALIE BLVD. STE. 2 MELBOURNE FL 32935 US
--	--

2. Principal Place of Business 21	2a. Mailing Address 26
3. Date of Report 22	3a. Date of Last Report 27
City & State 24	City & State 29
Zip 25	Country 30

3. Date Incorporated or Reincorporated 10/25/1993	3a. Date of Last Report 05/01/1994
4. FFI Number 59-3210232	Applied For Not Applicable
5. Certificate of Status Fee ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.042 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent SUTHERLAND, MICHAEL 2401 E. WAU GALIE BLVD. #2 MELBOURNE FL 32935	
---	--

10. Name and Address of New Registered Agent 81 Name: Michael Sutherland 82 Street Address: 400 W. Cocoa Beach Causeway 83 Cocoa Beach FL 32931 84 City: Cocoa Beach FL 32931 85 Zip Code: FL	
---	--

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: *Michael Sutherland*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
1. NAME D SUTHERLAND, MICHAEL	1. NAME ☐ Change ☐ Addition	2. NAME D KELLEY, MORRIS	2. NAME ☐ Change ☐ Addition
2. STREET ADDRESS 400 W COCOA BEACH CAUSEWAY	2. STREET ADDRESS ☐ Change ☐ Addition	3. NAME ☐ Change ☐ Addition	3. NAME ☐ Change ☐ Addition
3. CITY & STATE COCOA BEACH FL 32931	3. CITY & STATE ☐ Change ☐ Addition	4. NAME ☐ Change ☐ Addition	4. NAME ☐ Change ☐ Addition
4. NAME ☐ Change ☐ Addition	4. NAME ☐ Change ☐ Addition	5. NAME ☐ Change ☐ Addition	5. NAME ☐ Change ☐ Addition
5. STREET ADDRESS ☐ Change ☐ Addition	5. STREET ADDRESS ☐ Change ☐ Addition	6. NAME ☐ Change ☐ Addition	6. NAME ☐ Change ☐ Addition
6. CITY & STATE ☐ Change ☐ Addition	6. CITY & STATE ☐ Change ☐ Addition	7. NAME ☐ Change ☐ Addition	7. NAME ☐ Change ☐ Addition
7. NAME ☐ Change ☐ Addition	7. NAME ☐ Change ☐ Addition	8. NAME ☐ Change ☐ Addition	8. NAME ☐ Change ☐ Addition
8. STREET ADDRESS ☐ Change ☐ Addition	8. STREET ADDRESS ☐ Change ☐ Addition	9. NAME ☐ Change ☐ Addition	9. NAME ☐ Change ☐ Addition
9. CITY & STATE ☐ Change ☐ Addition	9. CITY & STATE ☐ Change ☐ Addition	10. NAME ☐ Change ☐ Addition	10. NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct for the corporation stated in the filing. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Michael Sutherland* 4-12-95 407-798-1000