FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000073876 (3)

1. Corporation Name

NATIONAL VASCULAR GROUP, INC.

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

3. Date Incorporated or Qualified: 10/25/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3210232 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $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 s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 190 Pinellas Lane
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27 211
City & State 23	City & State 28 Cocoa Beach, FL
Zip 24 Country 25	Zip 29 32931 Country 30 USA

9. Name and Address of Current Registered Agent

SUTHERLAND, MICHAEL
2401 E. WAU GALLIE BLVD. #2
MELBOURNE FL 32935

should be W. Eau Gallie Blvd

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SUTHERLAND, MICHAEL	
STREET ADDRESS	400 W COCOA BEACH CAUSEWAY	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	☒ DELETE
NAME	KELLEY, MORRIS	
STREET ADDRESS	400 W COCOA BEACH CAUSEWAY	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	☐ DELETE
NAME	[illegible]	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☐ Change ☑ Addition
1.2 NAME	Kimberly Sutherland	
1.3 STREET ADDRESS	190 Pinellas Lane #211	
1.4 CITY-ST-ZIP	Cocoa Bch Fl 32931	
2.1 TITLE	Michael Sutherland	☒ Change ☐ Addition
2.2 NAME	190 Pinellas Lane #211	
2.3 STREET ADDRESS	Cocoa Bch Fl 32931	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kimberly Sutherland — 4-30-96 — 407-799-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)