

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28456

Entity Name: FLORIDA VASCULAR SOCIETY, INC.**Current Principal Place of Business:**6816 SOUTHPOINT PARKWAY
SUITE 1000
JACKSONVILLE, FL 32216**Current Mailing Address:**6816 SOUTHPOINT PARKWAY
SUITE 1000
JACKSONVILLE, FL 32216 US**FEI Number:** 59-2916514**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOORE, ELLIS & MCDUFFIE, CPAS
2627 MITCHAM DRIVE
TALLAHASSEE, FL 32308 US*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**Officer/Director Detail :**

Title	TREASURER
Name	CHAHWAN, SANTIAGO MD
Address	2350 VANDERBILT BEACH ROAD SUITE 303
City-State-Zip:	NAPLES FL 34109

Title	EXECUTIVE DIRECTOR
Name	HART, BRIAN JD
Address	6816 SOUTHPOINT PARKWAY SUITE 1000
City-State-Zip:	JACKSONVILLE FL 32216

Title	PRESIDENT
Name	THOMPSON, CHARLES MD
Address	80 W. MICHIGAN STREET
City-State-Zip:	ORLANDO FL 32806
Title	SECRETARY
Name	WATCH, LIBBY S MD
Address	11445 SW 128TH COURT
City-State-Zip:	MIAMI FL 33186

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN HART

ED

04/21/2021

Electronic Signature of Signing Officer/Director Detail_____
Date