**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 22, 2025**
**Secretary of State**
**2578236759CC**

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:**

HART, BRIAN JD
6816 SOUTHPOINT PARKWAY, #1000
JACKSONVILLE, FL 32216 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: BRIAN HART 04/22/2025

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PRESIDENT ELECT |
| Name | SCALI, SALVATORE MD |
| Address | 10917 SW 11TH LANE |
| City-State-Zip: | GAINESVILLE FL 32607 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | TAPPER, SCOTT MD |
| Address | 2169 OCEAN BLVD. |
| City-State-Zip: | STUART FL 34996 |

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

| | |
|---|---|
| Title | TREASURER |
| Name | PATEL, SHONAK DR. |
| Address | 9440 SCENIC HIGHWAY |
| City-State-Zip: | PENSACOLA FL 32504 |

*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 EXECUTIVE DIRECTOR 04/22/2025

Electronic Signature of Signing Officer/Director Detail — Date