2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2019
Secretary of State
3723200061CC

DOCUMENT# N28456

Entity Name: FLORIDA VASCULAR SOCIETY, INC.

Current Principal Place of Business:

400 CAPITAL CIRCLE, SE
SUITE 18307
TALLAHASSEE, FL 32301

Current Mailing Address:

400 CAPITAL CIRCLE, SE
SUITE 18307
TALLAHASSEE, FL 32301 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	PRESIDENT
Name	NAIR, DEEPAK MD
Address	600 N. CATTLEMAN ROAD SUITE 220
City-State-Zip:	SARASOTA FL 34232

Title	COUN
Name	PATEL, SHONAK MD
Address	5149 NORTH 9TH AVENUE SUITE 120
City-State-Zip:	PENSACOLA FL 32504

Title	PRES-ELECT
Name	THOMPSON, CHARLES MD
Address	80 W. MICHIGAN STREET
City-State-Zip:	ORLANDO FL 32806

Title	TREASURER
Name	CITRIN, PAUL MD
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

Title	COUN
Name	PEREDA, JUAN CARLOS MD
Address	6200 SUNSET DRIVE SUITE #505
City-State-Zip:	SOUTH MIAMI FL 33143

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

Title	EXECUTIVE DIRECTOR
Name	BURKHARDT, ELIZABETH
Address	400 CAPITAL CIRCLE SE SUITE 18307
City-State-Zip:	TALLAHASSEE FL 32301

Title	COUNCILOR
Name	SHAMES, MURRAY MD
Address	2 TAMPA GENERAL CIRCLE SUITE 7001
City-State-Zip:	TAMPA FL 33606

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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: ELIZABETH BURKHARDT EXECUTIVE DIRECTOR 04/29/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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