### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28456

Entity Name: FLORIDA VASCULAR SOCIETY, INC.

**FILED** Apr 28, 2014 Secretary of State CC8577163944

## **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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title Title PP

COELLO, ABILIO A MD NELSON, PETER R MD Name Name

Address 8950 N. KENDALL DRIVE Address 2 TAMPA GENERAL CIRCLE 504-W

**SUITE 7001** 

GAINESVILLE FL 32610

MIAMI FL 33176 TAMPA FL 33606 City-State-Zip: City-State-Zip:

Title Title COUN

RISLEY, GEOFFREY FEEZOR, ROBERT J MD Name Name

1600 SW ARCHER RD 1824 KING ST Address Address

SUITE 200 SUITE NG-45

City-State-Zip:

Title COUN Title COUN

LECROY, CHRISTOPHER J. NAIR, DEEPAK Name Name

600 N CATTLEMAN RD 5147 NORTH 9TH AVE Address Address

> **SUITE 318** SUITE 220

City-State-Zip: PENSACOLA FL 32504 City-State-Zip: SARASOTA FL 34232

Title COUN Title **EXECUTIVE DIRECTOR** Name HERTZ, JEFFREY A. MD Name SULLIVAN-BURKHARDT, LIZ

3850 HOLLYWOOD BLVD. 400 CAPITAL CIRCLE SE Address Address

**SUITE 18307** 

City-State-Zip: HOLLYWOOD FL 33021 City-State-Zip: TALLAHASSEE FL 32301

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 SULLIVAN-BURKHARDT

JACKSONVILLE FL 33204

**EXECUTIVE DIRECTOR** 

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date