

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000003591

Entity Name: ENDOVASCULAR THERAPY ASSOCIATES, INC.

Current Principal Place of Business:

8900 NORTH KENDALL DRIVE
MIAMI, FL 33176

Current Mailing Address:

8900 NORTH KENDALL DRIVE
MIAMI, FL 33176 US

FEI Number: 65-0979575

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAYMOND, SCOTT
8900 NORTH KENDALL DRIVE
MIAMI, FL 33176 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: SCOTT RAYMOND

03/11/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PSD
Name KATZEN, BARRY MD
Address 8900 NORTH KENDALL DRIVE
City-State-Zip: MIAMI FL 33176

Title VD
Name RUA, IGNACIO
Address 8900 NORTH KENDALL DRIVE
City-State-Zip: MIAMI FL 33176

Title TREASURER
Name COELLO, ABILIO
Address 8900 NORTH KENDALL DRIVE
City-State-Zip: MIAMI FL 33176

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

SIGNATURE: BARRY KATZEN

PRESIDENT

03/11/2014

Electronic Signature of Signing Officer/Director Detail

Date