

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000024131

Entity Name: THORACIC AND VASCULAR SURGEONS OF GAINESVILLE,
P.A.

Current Principal Place of Business:

4645 N.W. 8TH AVENUE
GAINESVILLE, FL 32605

Current Mailing Address:

4645 N.W. 8TH AVENUE
GAINESVILLE, FL 32605

FEI Number: 46-5130593

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELLSPRING MANAGEMENT SYSTEMS, LLC
4645 N.W. 8TH AVENUE
GAINESVILLE, FL 32605 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 D
Name PROIA, RICHARD
Address 4645 N.W. 8TH AVENUE
City-State-Zip: GAINESVILLE FL 32605

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: RICHARD PROIA

DIRECTOR

04/15/2016

Electronic Signature of Signing Officer/Director Detail

Date