

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000003702

Entity Name: VASCULAR TECHNOLOGIES INC.

FILED
Oct 23, 2008
Secretary of State

Current Principal Place of Business:

405 CENTRAL AVENUE
SUITE 100
ST PETERSBURG, FL 33701

New Principal Place of Business:

New Mailing Address:

Current Mailing Address:

6822 - 22ND AVENUE NORTH, E348
ST PETERSBURG, FL 33701

405 CENTRAL AVENUE
SUITE 100
ST PETERSBURG, FL 33701

FEI Number: 20-2975551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAO, MICHAEL H
405 CENTRAL AVENUE
SUITE 100
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

KNOX, MICHAEL A
405 CENTRAL AVENUE
SUITE 100
ST PETERSBURG, FL 33701 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: MICHAEL KNOX

10/23/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SPURGIN, GERALD B
Address: 405 CENTRAL AVENUE, SUITE 100
City-St-Zip: ST PETERSBURG, FL 33701

Title: TD () Delete
Name: KNOX, MICHAEL A
Address: 405 CENTRAL AVENUE, SUITE 100
City-St-Zip: ST PETERSBURG, FL 33701

Title: CEOD () Delete
Name: CAO, MICHAEL
Address: 405 CENTRAL AVENUE, SUITE 100
City-St-Zip: ST PETERSBURG, FL 33701

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CAOD (X) Change () Addition
Name: SPURGIN, GERALD B
Address: 405 CENTRAL AVENUE, SUITE 100
City-St-Zip: ST PETERSBURG, FL 33701

Title: CFOD (X) Change () Addition
Name: KNOX, MICHAEL A
Address: 405 CENTRAL AVENUE, SUITE 100
City-St-Zip: ST PETERSBURG, FL 33701

Title: CHAD (X) Change () Addition
Name: CAO, MICHAEL
Address: 405 CENTRAL AVENUE, SUITE 100
City-St-Zip: ST PETERSBURG, FL 33701

Title: CEOD () Change (X) Addition
Name: WILLIS, BRENT
Address: 405 CENTRAL AVE, SUITE 100
City-St-Zip: TAMPA, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL KNOX

CFOD

10/23/2008

Electronic Signature of Signing Officer or Director

Date