

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000086075

**FILED**  
**Nov 02, 2006**  
**Secretary of State**

**Entity Name:** VASCULAR ASSOCIATES, LLC

**Current Principal Place of Business:**

2101 NORTHSIDE DRIVE  
UNIT 704  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

2101 JENKS AVENUE  
PANAMA CITY, FL 32405

**Current Mailing Address:**

2101 NORTHSIDE DRIVE  
UNIT 704  
PANAMA CITY, FL 32405

**New Mailing Address:**

2101 JENKS AVENUE  
PANAMA CITY, FL 32405

**FEI Number:** 20-1951184

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHULER, FREDERICK W  
2101 NORTHSIDE DRIVE UNIT 704  
PANAMA CITY, FL 32405 US

**Name and Address of New Registered Agent:**

SHULER, FREDERICK W  
2101 JENKS AVENUE  
PANAMA CITY, FL 32405 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: FREDERICK SHULER

11/02/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHULER, FREDERICK W  
Address: 2101 NORTHSIDE DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHULER, FREDERICK W  
Address: 2101 JENKS AVENUE  
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FREDERICK SHULER

DR.

11/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date