2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000086075

1. Entity Name
VASCULAR ASSOCIATES, LLC



FILED Jan 23, 2008 08:00 AN Secretary of State

Principal Place of Business

2101 JENKS AVENUE PANAMA CITY, FL 32405 Mailing Address

2101 JENKS AVENUE PANAMA CITY, FL 32405



01152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1951184

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8.	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.	I am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000792247 01/23/08-80108-011 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the solution of contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the solution of the

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

18/2000

250-872-8510

Daytime Phone #