2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099197

Entity Name: VASCULAR RESOURCE GROUP, LLC

701 COLORADO AVENUE, SUITE 6

STUART, FL 34994 US

Address:

City-St-Zip:

FILED Apr 04, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RADO AVEN	IUE			
SUITE 6 STUART,	FL 34994	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
			•		
701 COLO SUITE 6	RADO AVEN	IUE			
STUART,	FL 34994	US			
FEI Number:	: 20-3691351	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
SUITE 6	CARL RADO AVEN FL 34994 U				
	named entit e of Florida.	submits this statement for th	e purpose of changing its registere	ed office or registered agent, or both	
SIGNATU	RE:				
	Electr	onic Signature of Registered A	∖ gent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	FLEMING, CA	DO AVENUE, SUITE 6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FLEMING, G	DO AVENUE, SUITE 6	Title: Name: Address: City-St-Zip:	() Change () Addition	
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Title: Name:	MGR () Delete	Title:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CARL FLEMING PRES 04/04/2006