


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L06000052474 1. Entity Name SOUTH FLORIDA VASCULAR ACCESS LEASING, LLC	
--	---

Principal Place of Business 2951 NW 49 AVENUE #101 LAUDERDALE LAKES, FL 33313	Mailing Address 2951 NW 49 AVENUE #101 LAUDERDALE LAKES, FL 33313
---	---

DO NOT WRITE IN THIS SPACE



04062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4992676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ELSIE
2951 NW 49 AVENUE #101
LAUDERDALE LAKES, FL 33313

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

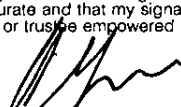
U000000889039
04/22/08-80037-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BLOOMFIELD, RACHEL 8130 ROYAL PALM BLVD SUITE 102 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GERONEMUS, ROBERT 2951 NW 49 AVENUE #101 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GONZALEZ, ELSIE 2951 NW 49 AVENUE #101 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #