2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 12, 2009
Secretary of State

DOCUMENT# L07000036020

Entity Name: VASCULAR REAL ESTATE INVESTMENTS, L.L.C.

Current Principal Place of Business:

100 SLIGH BLVD.
ORLANDO, FL 32806 US

New Principal Place of Business:

1200 SLIGH BLVD.
ORLANDO, FL 32806 US

Current Mailing Address:

100 SLIGH BLVD.
ORLANDO, FL 32806 US

New Mailing Address:

1200 SLIGH BLVD.
ORLANDO, FL 32806 US

FEI Number: 20-8774460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR
1150 LOUISIANA AVENUE
SUITE 4
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	WESLEY, JON M M.D.	
Address:	1200 SLIGH BLVD.	
City-St-Zip:	ORLANDO, FL 32806 US	
Title:	MGR	( ) Delete
Name:	THOMPSON, CHARLES S M.D.	
Address:	1200 SLIGH BLVD.	
City-St-Zip:	ORLANDO, FL 32806 US	
Title:	MGR	( ) Delete
Name:	MICHAEL, COHEN J M.D.	
Address:	1200 SLIGH BLVD.	
City-St-Zip:	ORLANDO, FL 32806 US	
Title:	MGR	( ) Delete
Name:	LEVITT, ADAM B M.D.	
Address:	1200 SLIGH BLVD.	
City-St-Zip:	ORLANDO, FL 32806 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 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: JOHN M. WESLEY, M.D. MGR 08/12/2009

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