

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045852

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** BROWARD VASCULAR ACCESS MANAGEMENT, LLC

**Current Principal Place of Business:**

7061 CYPRESS ROAD, STE. 104  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

7061 CYPRESS ROAD, STE. 104  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WEIL, KENNETH J ESQ.  
RICHMAN GREER WEIL BRUMBAUGH MIRABITO  
201 S. BISCAYNE BLVD., STE. 1000  
MIAMI, FL 33131 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: SPIRA, LAWRENCE R M.D.  
Address: 7061 CYPRESS ROAD, STE. 104  
City-St-Zip: PLANTATION, FL 33317

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: DIR ( ) Change (X) Addition  
Name: BURRIER, VICKI  
Address: 7061 CYPRESS ROAD, STE 104  
City-St-Zip: PLANTATION, FL 33317

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: VICKI BURRIER

DIR

04/23/2008

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