2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2010
Secretary of State

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Entity Name: TAMPA VASCULAR CONSULTANTS, LLC

Current Principal Place of Business:

USF HEALTH SOUTH, 2A TAMPA GENERAL CIRCLE
SUITE 7006
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

USF HEALTH SOUTH, 2A TAMPA GENERAL CIRCLE
SUITE 7006
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-8422476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAMES, MURRAY L
USF HEALTH SOUTH, 2A TAMPA GENERAL CIRCLE
SUITE 7006
TAMPA, FL 33606 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: MGRM
Name: SHAMES, MURRAY L
Address: USF HEALTH SOUTH, 2A TAMPA GENERAL CIRCLE
City-St-Zip: TAMPA, FL 33606

Title: MGRM
Name: BACK, MARTIN R
Address: USF HEALTH SOUTH, 2A TAMPA GENERAL CIRCLE
City-St-Zip: TAMPA, FL 33606

Title: MGRM
Name: JOHNSON, BRAD L
Address: USF HEALTH SOUTH, 2A TAMPA GENERAL CIRCLE
City-St-Zip: TAMPA, FL 33606

Title: MGRM
Name: ARMSTRONG, PAUL
Address: USF HEALTH SOUTH, 2A TAMPA GENERAL CIRCLE
City-St-Zip: TAMPA, FL 33606

Title: MGRM
Name: BANDYK, DENNIS F
Address: USF HEALTH SOUTH, 2A TAMPA GENERAL CIRCLE
City-St-Zip: TAMPA, FL 33606

I hereby 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 Statues.

SIGNATURE: MLSHAMES MGRM 04/21/2010

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