

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001998

Entity Name: VASA HOLDINGS, LLC

FILED  
Jan 23, 2009  
Secretary of State

**Current Principal Place of Business:**

1921 WALDEMERE STREET, SUITE 504  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1921 WALDEMERE STREET, SUITE 504  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 26-1910041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 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 ( ) Delete  
Name: KULMAN, HAROLD L M.D.  
Address: 1921 WALDEMERE STREET, SUITE 504  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Delete  
Name: SILVERMAN, STEVEN H M.D.  
Address: 1921 WALDEMERE STREET, SUITE 504  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Delete  
Name: YUNIS, JONATHAN P M.D.  
Address: 1921 WALDEMERE STREET, SUITE 504  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Delete  
Name: DORSAY, DOUGLAS A M.D.  
Address: 1921 WALDEMERE STREET, SUITE 504  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Delete  
Name: HALBREICH, STEVEN L M.D.  
Address: 1921 WALDEMERE STREET, SUITE 504  
City-St-Zip: SARASOTA, FL 34239

**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:

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: DOUGLAS A. DORSAY, M.D.

MGRM

01/23/2009

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