

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000027448

FILED
Feb 17, 2011
Secretary of State

Entity Name: VASCULAR DEVICE PARTNERS LLC

Current Principal Place of Business:

1501 SOUTH MIAMI AVENUE
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1501 SOUTH MIAMI AVENUE
MIAMI, FL 33129

New Mailing Address:

FEI Number: 26-4505702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSE I ALMEIDA MD
1501 SOUTH MIAMI AVENUE
MIAMI, FL 33129 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
Name: ALMEIDA, JOSE I MD
Address: 1501 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33129

Title: S
Name: ALMEIDA, JOSE I MD
Address: 1501 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33129

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 Statutes.

SIGNATURE: JOSE I ALMEIDA, MD

MGR

02/17/2011

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