

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000045281

FILED
Apr 28, 2011
Secretary of State

Entity Name: NEUROVASCULAR SOLUTIONS, LLC

Current Principal Place of Business:

2900 GLADES CIRCLE SUITE 1450
WESTON, FL 33327

New Principal Place of Business:

3208 HUNTINGTON
WESTON, FL 33327

Current Mailing Address:

2900 GLADES CIRCLE SUITE 1450
WESTON, FL 33327

New Mailing Address:

3208 HUNTINGTON
WESTON, FL 33332

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIFUENTES, LIDA
2723 CENTER COURT DRIVE
WESTON, FL 33332 US

Name and Address of New Registered Agent:

OCQUE, FRANK R
3208 HUNTINGTON
WESTON, FL 33332 US

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: FRANK RICARDO OCQUE

04/28/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: OCQUE, FRANK R
Address: 3208 HUNTINGTON
City-St-Zip: WESTON, FL 33332

Title: MGR
Name: SEIJAS, MARIBEL C
Address: 3208 HUNTINGTON DRIVE
City-St-Zip: WESTON, FL 33332

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: FRANK RICARDO OCQUE

MBG

04/28/2011

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