

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000089015

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** THE VASCULAR GROUP OF NAPLES P.L.

**Current Principal Place of Business:**

2450 GOODLETTE ROAD N., SUITE 102  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

2450 GOODLETTE ROAD N., SUITE 102  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 27-3352419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: RAJASINGHE, HIRANYA A  
Address: 2450 GOODLETTE RD N., SUITE 102  
City-St-Zip: NAPLES, FL 34103 US

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: HIRANYA A RAJASINGHE

MGR

04/29/2011

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