

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000058593

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** VASCULAR ACCESS CENTER OF TAMPA, LLC

**Current Principal Place of Business:**

2929 ARCH STREET, SUITE 620  
PHILADELPHIA, PA 19104

**New Principal Place of Business:**

2929 ARCH STREET, SUITE 1705  
PHILADELPHIA, PA 19104

**Current Mailing Address:**

2929 ARCH STREET, SUITE 620  
PHILADELPHIA, PA 19104

**New Mailing Address:**

2929 ARCH STREET, SUITE 1705  
PHILADELPHIA, PA 19104

FEI Number: 45-1439185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: VASCULAR ACCESS CENTERS, LLC  
Address: 2929 ARCH STREET, SUITE 1705  
City-St-Zip: PHILADELPHIA, PA 19104

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: MARY ANNE SUTER

SEC

01/05/2012

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