

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000001014

1. Entity Name  
U.S. VASCULAR ACCESS HOLDINGS, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR -6 AM 8:07

Principal Place of Business  
95 HAYDEN AVE.  
LEXINGTON, MA 02420

Mailing Address  
ATTN: TAX DEPT., 95 HAYDEN AVE.  
LEXINGTON, MA 02420



03232006No Chg-LLC

CR2E083 (11/05)

50.00

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3503407

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BROSNAN, MICHAEL  
95 HAYDEN AVE.  
LEXINGTON, MA 02420

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
POWELL, RICE  
95 HAYDEN AVE.  
LEXINGTON, MA 02420

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900069635179  
04/06/06--01043--001 \*\*2600.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 provided in the Florida Statutes.

SIGNATURE:

*Paul J. Colantoni*

Paul J. Colantoni

Assistant Treasurer  
Assistant Treasurer

3/23/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/6/06

2/2

**U.S. VASCULAR ACCESS HOLDINGS, LLC.**

FEIN 04-3503407

LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 11/14/05

<b>DIRECTORS</b>	<b>OFFICE</b>	<b>BUSINESS</b>
MICHAEL BROSNAN	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
RICE POWELL	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
<b>OFFICERS</b>	<b>OFFICE</b>	<b>BUSINESS</b>
ROBERT FARRELL	PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
MICHAEL BROSNAN	CHIEF FINC'L OFFICER	95 HAYDEN AVENUE LEXINGTON, MA 02420
MICHAEL PERRY	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARK FAWCETT	TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
PAUL J. COLANTONIO	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARC S. LIEBERMAN	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
RONALD J. KUERBITZ	EXEC. VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
DOUGLAS G. KOTT	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420