

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003710

FILED  
Jun 23, 2009  
Secretary of State

**Entity Name:** AEGIS VASCULAR SCIENCES, L.L.C.

**Current Principal Place of Business:**

11552 PROSPEROUS DRIVE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

11552 PROSPEROUS DRIVE  
ODESSA, FL 33556 US

**New Mailing Address:**

**FEI Number:** ☐ **FEI Number Applied For ( )** ☐ **FEI Number Not Applicable (X)** ☐ **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

TANGREDI, TIMOTHY N  
10416 PONTOFINO CIRCLE  
NEW PORT RICHEY, FL 34655 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AEGIS BIOSCIENCES, L.L.C.  
Address: 11552 PROSPEROUS DRIVE  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TIMOTHY N. TANGREDI

MGR

06/23/2009

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