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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 17 AM 10:33

T. Hampton DEC 17 2007

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vascular Therapies, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Kris A. Dretzka  
(Name of Person)

Beck, Chaet, Bamberger & Polsky, S.C.  
(Firm/Company)

Two Plaza East, Suite 1085, 330 E. Kilbourn Avenue  
(Address)

Milwaukee, WI 53202  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kris A. Dretzka at ( 414 ) 273-4200  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



BECK, CHAET,  
BAMBERGER & POLSKY, S.C.

Two Plaza East, Suite 1085  
330 East Kilbourn Avenue  
Milwaukee, Wisconsin 53202

414.273.4200  
Fax 414.273.7786

December 12, 2007

Florida Department of State  
Attn: Tammy Hampton  
Division of Corporations  
PO BOX 6327  
Tallahassee, FL 32314

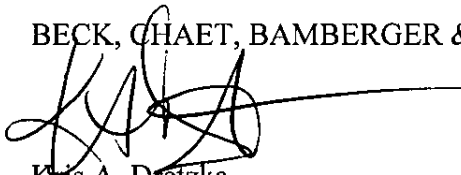
Re: *Vascu Therapies, LLC*  
*Ref. Number W07000057910*

Dear Ms. Hampton:

Pursuant to your request, enclosed please find a corrected original Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida clarifying the business of the company in Section 11. Please contact Attorney Michael Bamberger or me with any questions. Thank you.

Very truly yours,

BECK, CHAET, BAMBERGER & POLSKY, S.C.



Kris A. Dretzka  
Paralegal

KAD:ms  
Enclosures  
File No. 00378-10200



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2007

KRIS A DRETZKA  
BECK, CHAET, BAMBERGER & POLSKY, SC  
330 E KILBOURN AVE - STE 1085  
MILWAUKEE, WI 53202

SUBJECT: VASCU THERAPIES, LLC  
Ref. Number: W07000057910

RECEIVED  
07 DEC 17 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for VASCU THERAPIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 007A00067519

**VASCULAR THERAPIES, LLC**

Written Consent of the Board of Managers  
In Lieu of Meeting

October 10, 2007

The undersigned, being all of the Managers of Vascular Therapies, LLC, a Delaware limited liability company (the "Company"), do hereby consent to the adoption of the following resolutions in lieu of a meeting of the Board, pursuant to Section 18-404 of the Delaware Limited Liability Company Act and the Company's Third Amended and Restated Operating Agreement, dated as of June 15, 2005, as amended:

RESOLVED: That the Company approve the use of the alternate name "Vascu Therapies, LLC" for the purpose of applying for authorization to transact business in Florida, as required by Florida Statute.

RESOLVED: That the CEO is hereby authorized and directed to do or cause to be done any and all such other acts and things and to execute and deliver any and all such further documents as he may deem necessary or appropriate to carry into effect the full intent and purpose of the foregoing resolution, the taking of any such actions or the execution or delivery of any such documents by such officer to be conclusive evidence that the same were authorized by this resolution.

This written consent may be executed in any number of counterparts, each of which shall be an original, but all of which together shall constitute one and the same instrument.

**BOARD OF MANAGERS**

  
Srikanth Iyer, M.D.

  
Gerald Dobson, M.D.

  
Michael Bamberger

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Vascular Therapies, LLC  
(Name of Foreign Limited Liability Company)

2. Delaware 3. 75-2998758  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 9, 2001 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. October 1, 2007  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 105 Union Avenue  
Cresskill, NJ 07626  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Sriram Iyer, M.D., 105 Union Avenue, Cresskill, NJ 07626

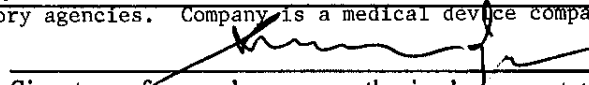
Gerald Dorros, M.D., 1120 S. Thunder Road, Wilson, WY 83014

Michael Bamberger, 330 E. Kilbourn Ave., #1085, Milwaukee, WI 53202

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: No business to be conducted

in Florida; Employee resides in Florida, works out of his home and communicates with other executives of Company and various regulatory agencies. Company is a medical device company which is developing and seeking regulatory approval for commercialization of a medical device. No other activity in Florida.

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sriram Iyer, M.D.

Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Vascular Therapies, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

Vascu Therapies, LLC

2. The name and the Florida street address of the registered agent and office are:

David Kornhauser

(Name)

12212 NW 75th Place

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Parkland, FL 33076-4502

FL

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VASCULAR THERAPIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF OCTOBER, A.D. 2007.

3412957 8300

071099654



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6063811

DATE: 10-10-07