

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007272

Entity Name: VASCU THERAPIES, LLC

FILED  
Apr 23, 2008  
Secretary of State

**Current Principal Place of Business:**

105 UNION AVE  
CRESSKILL, NJ 07626

**New Principal Place of Business:**

**Current Mailing Address:**

105 UNION AVE  
CRESSKILL, NJ 07626

**New Mailing Address:**

FEI Number: 75-2998758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KORNHAUSER, DAVID  
12212 NW 75TH PLACE  
PARKLAND, FL 330764502 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 ( ) Delete  
Name: LYER, SRIRAM MD  
Address: 105 UNION AVE  
City-St-Zip: CRESSKILL, NJ 07626

Title: MGR ( ) Delete  
Name: DORROS, GERALD MD  
Address: 1120 S THUNDER RD  
City-St-Zip: WILSON, WY 83014

Title: MGR ( ) Delete  
Name: BAMBERGER, MICHAEL  
Address: 330 E KILBOURN AVE - # 1085  
City-St-Zip: MILWAUKEE, WI 53202

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: IYER, SRIRAM MD  
Address: 105 UNION AVE  
City-St-Zip: CRESSKILL, NJ 07626

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

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: MICHAEL BAMBERGER

MGR

04/23/2008

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