

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000008836

Entity Name: VASCULAR SOLUTIONS, INC.

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

5979 NW 151 ST., STE. 237
MIAMI LAKES, FL 33014

New Principal Place of Business:

8004 NW 154 ST., #349
MIAMI LAKES, FL 33016

Current Mailing Address:

16300 NE 19 AVE., STE C.
N. MIAMI BEACH, FL 33162

New Mailing Address:

8004 NW 154 ST., #349
MIAMI LAKES, FL 33016

FEI Number: 20-0575385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATOS, MARCOS
16300 NE D19 AVE., STE. C
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

SILVA, FERNANDO
16300 NE 19 AVE., STE. C
NORTH MIAMI BEACH, FL 33162 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: FERNANDO SILVA

04/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATOS, MARCOS
Address: 8004 N.W. 154 STREET
City-St-Zip: HIALEAH, FL 33014

Title: VPD () Delete
Name: MATOS, LOIDA
Address: 8004 N.W. 154 STREET
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MATOS, MARCOS
Address: 8004 N.W. 154 STREET #349
City-St-Zip: MIAMI LAKES, FL 33016

Title: VPD (X) Change () Addition
Name: MATOS, LOIDA
Address: 8004 N.W. 154 STREET #349
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIDA MATOS

VPD

04/21/2006

Electronic Signature of Signing Officer or Director

Date