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## **Periodic Report**

filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

20081457838

Entity name:	Vascular Medical Innovations LLC			
Jurisdiction under the law of which the entity was formed or registered:	Colorado			
1. Principal office street address:	2150 West 6th Avenu			
	Unit M (Street name and number)			
	Broomfield	CO	80020	
	(City)	(State) United	(Postal/Zip Code) States	
	(Province – if applicable)	(Country –	if not US)	
2. Principal office mailing address: (if different from above)				
	(Street name and number or Post Office Box information)			
	(City)	(State)	(Postal/Zip Code)	
	(Province – if applicable) (Country – if not US)			
3. Registered agent name: (if an individual)	Horn Joseph			
(6.1	(Last)	(First)	(Middle) (Suffix	
or (if a business organization)				
4. The person identified above as registere	d agent has consented to bei	ng so appoint	ted.	
5. Registered agent street address:	2150 West 6th Avenue	e		
	Unit M	name and number	·)	
	Broomfield	CO	80020	
	(City)	(State)	(Postal/Zip Code)	
6. Registered agent mailing address: (if different from above)	(Street name and number or Post Office Box information)			
	(City)	(State)	(Postal/Zip Code)	
	(Province – if applicable)	(Country – if r	not US)	

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	Broomfield	CO 80020	80020		
	(City)	United States	(Postal/Zip Code)		
	(Province – if applicable)	(Country – if not US)			
(The document need not state the true name a					
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