

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004126

FILED
Feb 06, 2005
Secretary of State

Entity Name: UROLOGY SPECIALTY CARE, LLC

Current Principal Place of Business:

ATTN: COSME GOMEZ, M.D.
7265 SW 93 AVENUE, SUITE 201
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

ATTN: COSME GOMEZ, M.D.
7265 SW 93 AVENUE, SUITE 201
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-1179962 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI, FL 33131 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/MEMBERS:

Title: MGRM () Delete
Name: GOMEZ, COSME A
Address: 7265 SW 93 AVENUE SUITE 201
City-St-Zip: MIAMI, FL 33173

Title: MGRM () Delete
Name: PUIG, ROBERT A
Address: 7265 SW 93 AVENUE SUITE 201
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: COSME A GOMEZ

MGRM

02/06/2005

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