


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90083 028 *****55.00

DOCUMENT # L03000053542

1. Entity Name
 SOUTH FLORIDA UROLOGY MANAGEMENT G.P., L.L.C.



Principal Place of Business
 21150 BISCAYNE BLVD., SUITE 404
 %JOHN PESCELLA
 AVENTURA, FL 33180

Mailing Address
 P.O. BOX 1287
 HALLANDALE, FL 33008 US

2. Principal Place of Business
 2500 Hallandale Beach Blvd
 Suite, Apt. #, etc.
 Suite 500

3. Mailing Address
 2500 Hallandale Beach Blvd
 Suite, Apt. #, etc.
 Suite 500

City & State
 Hallandale Beach, FL

City & State
 Hallandale Beach, FL

Zip
 33309

Country
 Broward

Zip
 33309

Country
 Broward



01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 20-0487867

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 KRAMER, ROBERT M
 4000 HOLLYWOOD BLVD., SUITE 485-SOUTH
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTOSEK, RICHARD 21150 BISCAYNE BLVD., SUITE 404 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRIST, MARK 21150 BISCAYNE BLVD., SUITE 404 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GITTELMAN, MARC 21150 BISCAYNE BLVD., SUITE 404 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINES, JACK 21150 BISCAYNE BLVD., SUITE 404 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMOWITZ, HARVEY 21150 BISCAYNE BLVD., SUITE 404 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINSTEIN, MITCHELL 21150 BISCAYNE BLVD., SUITE 404 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ Date _____ Daytime Phone # (954) 458-1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE