2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000095632

1 Entity Name
UROLOGY CALL LITHOTRIPTORS, LLC

Principal Place of Business	Mailing Address
21 WEST COLUMBIA ST SUITE 101 ORLANDO, FL 32806	21 WEST COLUMBIA ST SUITE 101 ORLANDO, FL 32806

DO NOT WRITE IN THIS SPACE

01092008 No Chg-LLC CR2E083 (12/07)

4 FEI Number
20-3847598

☐ Applied For
☐ Not Applicable

5 Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6 Name and Address of Current Registered Agent

ESTES, THEODORE D
24 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000091345G
05/08/08-80016-024 138.75

9 MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HUNTER, PATRICK T II
STREET ADDRESS	21 WEST COLUMBIA ST SUITE 101
CITY ST ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

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11 I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X _____ X 4/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #