

**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	
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Principal Place of Business 21 WEST COLUMBIA ST SUITE 101 ORLANDO, FL 32806	Mailing Address 21 WEST COLUMBIA ST SUITE 101 ORLANDO, FL 32806
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01092008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

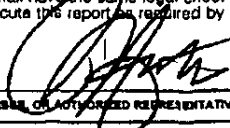
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000913456
05/08/08-80016-024 138.75

9 MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNTER, PATRICK T II 21 WEST COLUMBIA ST SUITE 101 ORLANDO, FL 32806
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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: X  **11/8/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #