

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000121639

Entity Name: SFM UROLOGY II, LLC

FILED  
Feb 16, 2011  
Secretary of State

**Current Principal Place of Business:**

3343 STATE ROAD 7  
WELLINGTON, FL 33449

**New Principal Place of Business:**

**Current Mailing Address:**

3343 STATE ROAD 7  
WELLINGTON, FL 33449

**New Mailing Address:**

FEI Number: 27-2378590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, RAVI  
3343 STATE ROAD 7  
WELLINGTON, FL 33449 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/MANAGERS:**

Title: MGRM  
Name: SOUTH FLORIDA MEDICINE, LLC  
Address: 3343 STATE ROAD 7  
City-St-Zip: WELLINGTON, FL 33449

Title: MGR  
Name: PATEL, RAVI  
Address: 3343 STATE ROAD 7  
City-St-Zip: WELLINGTON, FL 33449

I hereby 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: RAVI PATEL

MGR

02/16/2011

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