

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 08, 2012  
Secretary of State**

DOCUMENT# L11000084334

Entity Name: SFM UROLOGY VII, LLC

**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: 45-2805863      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

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: KISHORE DASS      MGMR      03/08/2012

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