

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000448

Entity Name: UROLOGY SPECIALISTS, LLC

FILED
Jan 16, 2006
Secretary of State

Current Principal Place of Business:

7100 WEST 20TH AVE, STE 602
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

7100 WEST 20TH AVE, STE 602
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 20-0646908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLOPUKH, BORIS M.D.
7100 WEST 20TH AVE, STE 602
HIALEAH, FL 33016 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: MGR () Delete
Name: KLOPUKH, BORIS M.D.
Address: 7100 WEST 20TH AVE, STE 602
City-St-Zip: HIALEAH, FL 33016

Title: MGR () Delete
Name: GHEILER, EDWARD L M.D.
Address: 7100 WEST 20TH AVE, STE 602
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: EDWARD L. GHEILER, MD

DR

01/16/2006

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