

MO4000000 448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

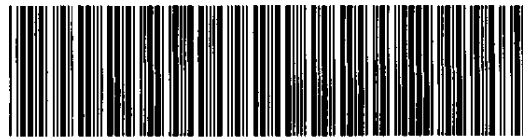
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UROLOGY SPECIALISTS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gladys Fernandez  
Name of Person

UROLOGY SPECIALTY GROUP  
Firm/Company

2103 CORAL WAY, APT 1000  
Address

Miami, FL 33135  
City/State and Zip Code

gfernandez@usgmd.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gladys Fernandez at (305) 413 2857  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA  
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: UROLOGY SPECIALISTS, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

2103 CORAL WAY, STE 600  
MIAMI, FL 33135

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

2103 CORAL WAY, STE 600  
MIAMI, FL 33135

3. Date of filing/registration in Florida 2/3/04

4. Document number MO4000000448

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Fernandez, Gladys M

Registered Office Address:

130 MINORCA AVE  
CORAL GABLES, FL 33135

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Fernandez, Gladys M

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

2103 CORAL WAY  
STE 600  
MIAMI, FL 33135

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
OCT 15 AM 11:38  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE