

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005680

FILED
Apr 20, 2007
Secretary of State

Entity Name: UROSEARCH OF FLORIDA, L.C.

Current Principal Place of Business:

609 W. HIGHLANDS BLVD.
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

609 W. HIGHLANDS BLVD.
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 59-3603086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, STRINGER F MD
609 W HIGHLAND BLVD
INVERNESS, FL 34452 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: STRINGER, THOMAS DR.
Address: 609 W. HIGHLANDS BLVD.
City-St-Zip: INVERNESS, FL 34452

Title: MGR () Delete
Name: DEASUTEL, MICHAEL G MD
Address: 609 W. HIGHLANDS BLVD.
City-St-Zip: INVERNESS, FL 34452

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: THOMAS F STRINGER MD

MRG

04/20/2007

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