

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000004126

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** UROLOGY SPECIALTY CARE, LLC

**Current Principal Place of Business:**

7265 SW 93 AVENUE  
SUITE 201  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

132 MINORCA AVENUE  
JOSE E. SMITH  
CORAL GABLES, FL 33134

**New Mailing Address:**

132 MINORCA AVENUE  
CORAL GABLES, FL 33134

**FEI Number:** 65-1179962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE COMPANY OF MIAMI  
250 AUSTRALIAN AVENUE  
SUITE 500 (JAF)  
WEST PALM BEACH, FL 33401 US

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

FERNANDEZ, GLADYS M  
130 MINORCA AVENUE  
CORAL GABLES, FL 33134 US

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: GLADYS M FERNANDEZ

03/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: UROLOGY SPECIALTY GROUP LLC  
Address: 132 MINORCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

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: GLADYS M FERNANDEZ

COO

03/09/2010

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