

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000004126

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

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7600 SW 87 AVENUE  
SUITE 206  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

7600 SW 87 AVENUE  
SUITE 206  
MIAMI, FL 33173

**New Mailing Address:**

P O BOX 144633  
CORAL GABLES, FL 33145

**FEI Number:** 65-1179962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, JOSE E  
2103 CORAL WAY, STE 305  
MIAMI, FL 33145 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:** UROLOGY SPECIALTY GROUP LLC  
**Address:** 2931 CORAL WAY  
**City-St-Zip:** MIAMI, FL 33145

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: JOSEPH ESPOSITO

MGRM

03/20/2012

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