

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095632

Entity Name: UROLOGY CALL LITHOTRIPTORS, LLC**Current Principal Place of Business:**1616 WOODWARD STREET
ORLANDO, FL 32803**Current Mailing Address:**1616 WOODWARD STREET
ORLANDO, FL 32803**FEI Number:** 20-3847598**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ESTES, THEODORE D
24 SOUTH ORANGE AVENUE
ORLANDO, FL 32801 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	DONAHUE, DENNIS
Address	131 STONE POST RD
City-State-Zip:	ORLANDO FL 32779

Title	MGR
Name	LOPEZ, JUAN
Address	6927 SORRENTO STREET
City-State-Zip:	ORLANDO FL 32819

Title	MGR
Name	KATA, EDWARD
Address	5066 SUNSET COURT
City-State-Zip:	WINDERMERE FL 34786

Title	MGR
Name	GERBER, ADAM
Address	2636 LAKESHORE DRIVE
City-State-Zip:	ORLANDO FL 32803

Title	MGR
Name	GEORGES, CLETUS
Address	1952 BURCHSTONE DR
City-State-Zip:	ORLANDO FL 32806

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS DONAHUE**MANAGER****04/29/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date