

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000016105

**Entity Name:** SFM UROLOGY XIX, LLC

**Current Principal Place of Business:**

3343 STATE ROAD 7  
WELLINGTON, FL 33449

**Current Mailing Address:**

3343 STATE ROAD 7  
WELLINGTON, FL 33449

**FEI Number:** 36-4752790

**Certificate of Status Desired:** No

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

PATEL, RAVI  
3343 STATE ROAD 7  
WELLINGTON, FL 33449 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 MGRM  
Name SOUTH FLORIDA MEDICINE, LLC  
Address 3343 STATE ROAD 7  
City-State-Zip: WELLINGTON FL 33449

*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:** SOUTH FLORIDA MEDICINE, LLC

**MANAGER**

**07/03/2014**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date