

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000016105

Entity Name: SFM UROLOGY XIX, LLC

Current Principal Place of Business:

2270 COLONIAL BOULEVARD
FORT MYERS, FL 33907

Current Mailing Address:

2270 COLONIAL BOULEVARD
FORT MYERS, FL 33907 US

FEI Number: 36-4752790

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MEMBER
Name SOUTH FLORIDA MEDICINE, LLC
Address 2270 COLONIAL BOULEVARD
City-State-Zip: FORT MYERS FL 33907

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

MEMBER

04/21/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date