


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL -7 AM 9:40

<b>DOCUMENT # A0000001456</b> 1. Entity Name <b>UROSOUTH CLINICAL SERVICES, LTD., LLLP</b>					
Principal Place of Business <b>4709 S.W. 75TH AVENUE MIAMI, FL 33155</b>			Mailing Address <b>4709 S.W. 75TH AVENUE MIAMI, FL 33155</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>PIERCE, STEPHEN</b> <b>4709 S.W. 75TH AVENUE</b> <b>MIAMI, FL 33155</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">FL</span>    Zip Code             </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$1,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	<b>P96000084163</b>		STREET ADDRESS		
NAME	<b>UROSOUTH, INC.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>4709 S.W. 75TH AVENUE</b>		CITY-ST-ZIP		
CITY-ST-ZIP	<b>MIAMI, FL 33155</b>		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			_____ <small>Date</small> <b>7/15/05</b> <small>Daytime Phone #</small> <b>305 269 8011</b>		

STAPLE CHECK HERE

*[Handwritten Signature]*



01102005    Chg-LP    CR2E003 (10/03)

4. FEI Number  
**65-1106886**

Applied For  
Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

~~408857643254~~  
07/19/05--01006--001    \*\*541.25