

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A03000001803**

1. Entity Name  
**SOUTH FLORIDA UROLOGY MANAGEMENT, LTD.**



Principal Place of Business  
**21150 BISCAYNE BLVD., SUITE 404**  
**AVENTURA, FL 33180**

Mailing Address  
**21150 BISCAYNE BLVD., SUITE 404**  
**AVENTURA, FL 33180**

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 1287**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**c/o John Pescella**

City & State

City & State  
**Hallandale, FL**

04222004

Chg-LP

CR2E003 (10/03)

4. FEI Number

Applied For

**20 0514779**

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

Zip

Country

Zip

Country

**33008**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAMER, ROBERT-M**  
**4000 HOLLYWOOD BLVD., SUITE 485 SOUTH**  
**HOLLYWOOD, FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
 as Shown on record **\$1,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date: ---

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L03000053542**  
 NAME **SOUTH FLORIDA UROLOGY MANAGEMENT G.P., LLC**  
 STREET ADDRESS **21150 BISCAYNE BLVD., SUITE 404**  
 CITY-ST-ZIP **AVENTURA, FL 33180**

STREET ADDRESS  
 CITY-ST-ZIP  
**500037846705**  
**06/10/04--01013--017 \*\*88.75**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP  
**300037846803**  
**06/10/04--01013--018 \*\*52.50**

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 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

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**FILED**

2004 JUN -8 P 3: 15

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE