

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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| DOCUMENT # A03000001803 1. Entity Name SOUTH FLORIDA UROLOGY MANAGEMENT, LTD. | | | |
| Principal Place of Business 21150 BISCAYNE BLVD., SUITE 404 C/O JOHN PESCELLA AVENTURA, FL 33180 | | Mailing Address P.O. BOX 1287 HALLANDALE, FL 33008 | |
| 2. Principal Place of Business 2500 Hallandale Beach Blvd | | 3. Mailing Address 2500 Hallandale Beach Blvd | |
| Suite, Apt. #, etc. Suite 500 | | Suite, Apt. #, etc. Suite 500 | |
| City & State Hallandale Beach, FL | | City & State Hallandale Beach, FL | |
| Zip 33309 | | Country Broward | |
| 4. FEI Number 20-0514779 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KRAMER, ROBERT M 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH HOLLYWOOD, FL 33021 | | 7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| 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 | STREET ADDRESS | |
| NAME | SOUTH FLORIDA UROLOGY MANAGEMENT G.P.,LLC | CITY-ST-ZIP | |
| STREET ADDRESS | 21150 BISCAYNE BLVD., SUITE 404 | | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | | |
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | Date _____ Daytime Phone # (954) 458-1585 | |

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