2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT	#A0300001803
1 Entity Name	

1. Entity Name
SOUTH FLORIDA UROLOGY MANAGEMENT, LTD.

DO NOT WRITE IN THIS SPACE



FILED
Apr 27, 2006 08:00 All
Secretary of State

Principal Place of Business

Mailing Address

2500 HALLANDALE BEACH BLVD.

2500 HALLANDALE BEACH BLVD.

SUITE 500

HALLANDALE BEACH, FL 33309

SUITE 500 HALLANDALE BEACH, FL 33309



03282006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 20-0514779

Applied For Not Applicable

5. Certificate of Status Desired

\$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

DO NOT WRITE IN THIS SPACE

, FL 33021	IN THIS SPACE
ed entity submits this statement for the purpose of changing its region fregistered agent.	stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
tire tuned or printed some of continued growt and title if applicable	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	//n:000538839
A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the fo	Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. orm; an amendment must be filed to change a general partner.
GENERAL PARTNER INFORMATION 000053542 UTH FLORIDA UROLOGY MANAGEMENT G.P.,LLC 50 BISCAYNE BLVD., SUITE 404 ENTURA, FL 33180	DO NOT WRITE
	IN THIS SPACE
	od entity submits this statement for the purpose of changing its registered agent. FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the formation general Partners INFORMATION 000053542 JTH FLORIDA UROLOGY MANAGEMENT G.P.,LLC 50 BISCAYNE BLVD., SUITE 404

14. I hereby certify that the information supplied with this illing does not qualify for the exemptions contained in Chapter 119, 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: .

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

\$25-06 954-748-4771

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Daytme Phone #