

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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DOCUMENT # A03000001803	
1. Entity Name SOUTH FLORIDA UROLOGY MANAGEMENT, LTD.	



FILED

07 MAY 18 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2500 HALLANDALE BEACH BLVD. SUITE 500 HALLANDALE BEACH, FL 33309	Mailing Address 2500 HALLANDALE BEACH BLVD. SUITE 500 HALLANDALE BEACH, FL 33309
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2. Principal Place of Business - No P.O. Box # 2500 E. Hallandale Bch Blvd.		3. Mailing Address 2500 E. Hallandale Bch Blvd.	
Suite, Apt. #, etc. Penthouse 2		Suite, Apt. #, etc. Penthouse 2	
City & State Hallandale		City & State Hallandale	
Zip 33009	Country Broward	Zip 33009	Country Broward

04172007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-0514779	Applied For Not Applicable
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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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	L03000053542 SOUTH FLORIDA UROLOGY MANAGEMENT G.P.,LLC 21150 BISCAYNE BLVD., SUITE 404 AVENTURA, FL 33180	STREET ADDRESS CITY-ST-ZIP	100103612271 05/31/07-01035-008 **500.00
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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:

Richard B. Antosek
Richard B. Antosek, D.O.

4/16/2007

954 748-4771

Date Daytime Phone #