

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000156

FILED
Jan 10, 2004
Secretary of State

Entity Name: UROLOGY WELLNESS, L.L.C.

Current Principal Place of Business:

3313 WATER OAK ST
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

P.O BOX 2908
HALLANDALE, FL 33008

New Mailing Address:

FEI Number: 65-0974522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORN, GARY A ESQ.
20801 BISCAYNE BLVD., STE 501
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WEITZENFELD, MARK
Address: 3313 WATER OAK ST
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM () Delete
Name: STUTZ, MARK
Address: 4207 WINCHESTER ROAD
City-St-Zip: ALLENTOWN, PA 18104

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: STUTZ, MARK
Address: 4207 WINCHESTER ROAD
City-St-Zip: ALLENTOWN, PA 18104

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK WEITZENFELD

MGRM

01/10/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date