2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L00000000156

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:

WEITZENFELD, MARK
3313 WATER OAK STREET
FORT LAUDERDALE, FL 33312 US

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: MARK WEITZENFELD 01/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 01/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date