

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000000156

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

**FILED**  
**Jan 31, 2010**  
**Secretary of State**

**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:**

WEITZENFELD, MARK  
3313 WATER OAK STREET  
FORT LAUDERDALE, FL 33312 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/MANAGERS:**

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

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

I hereby 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

01/31/2010

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