

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009264

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** UROLOGY NETWORK SOLUTIONS, LLC

**Current Principal Place of Business:**

7220 NW 36 STREET  
SUITE 103  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

7220 NW 36 STREET  
SUITE 103  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 65-1027076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DENES, GREG  
14255 U.S. HIGHWAY ONE  
SUITE 243  
JUNO BEACH, FL 33408 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:** MGR ( ) Delete  
**Name:** CANTILLO, GREG  
**Address:** 7220 NW 36 STREET , SUITE 103  
**City-St-Zip:** MIAMI, FL 33166 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** JOHNSON, RON  
**Address:** 7220 NW 36 STREET , SUITE 103  
**City-St-Zip:** MIAMI, FL 33166 US

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:** RON JOHNSON

MGR

04/29/2008

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