

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017344

Entity Name: WEST FLORIDA UROLOGY, P.L.C.

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

35095 US HWY 19 N SUITE 202
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

35095 US HWY 19 N SUITE 202
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-3747919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ.
1245 COURT STREET SUITE 102
CLEARWATER, FL 33756 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 () Delete
Name: HALE, BRIAN D M.D.
Address: 35095 US HWY 19N, SUITE 202
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM () Delete
Name: JACOB, DAVID MD
Address: 35095 US HWY 19N, SUITE 202
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM () Delete
Name: ARNOLD, PAUL M MD
Address: 35095 US HWY 19N, SUITE 202
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES:

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

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 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: COLETTE M. GOMES

MGMR

01/13/2006

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