

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019524

FILED  
Mar 06, 2007  
Secretary of State

Entity Name: UROLOGY CENTRAL OF FLORIDA, LLC

**Current Principal Place of Business:**

10000 WEST HWY 50  
SUITE 285  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

10000 WEST HWY 50  
SUITE 285  
OCOE, FL 34761

**New Mailing Address:**

FEI Number: 59-3758921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLICK, JAMES J  
608 EAST CENTRAL BLVD.  
ORLANDO, FL 32801 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: HILWA, NABIL MD  
Address: 10000 W HWY 50 #285  
City-St-Zip: OCOE, FL 34761

Title: MGRM ( ) Delete  
Name: WILLIAMS, JACQUELIN MD  
Address: 10000 W HWY 50 #285  
City-St-Zip: OCOE, FL 34761

Title: MGRM ( ) Delete  
Name: HILWA, GHADA CMA  
Address: 10000 W HWY 50 #285  
City-St-Zip: OCOE, FL 34761

**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: GHADA HILWA

MGRM

03/06/2007

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