

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019524

FILED
Mar 24, 2008
Secretary of State

Entity Name: UROLOGY CENTRAL OF FLORIDA, LLC

Current Principal Place of Business:

10000 WEST HWY 50
SUITE 285
OCOOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

10000 WEST HWY 50
SUITE 285
OCOOE, 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:

FLICK, JAMES J
3203 SOUTH CONWAY RD #106
ORLANDO, FL 32812 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: GHADA HILWA

03/24/2008

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: OCOOE, FL 34761

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

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

OFFI

03/24/2008

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