


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-25-2004 90282 033 ****50.00

DOCUMENT # L01000020660
 1. Entity Name
 BRANDON UROLOGICAL ASSOCIATES, LLC



Principal Place of Business
 500 VONDERBURG DRIVE, SUITE 201E
 BRANDON, FL 33511

Mailing Address
 500 VONDERBURG DRIVE, SUITE 201E
 BRANDON, FL 33511

34001236



02142004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3758427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MILLER, MICHAEL D.
 601 BAYSHORE BLVD., SUITE 700
 TAMPA, FL 33606

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVER, JAMES E M.D. 500 VONDERBURG DRIVE, STE 201E BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAOLA, ANGELO S M.D. 500 VONDERBURG DRIVE, STE 201E BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KARP, ROBERT L M.D. 500 VONDERBURG DRIVE STE 201E BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Robert L. Karp* Date: 3/03/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Robert L. Karp, M.D. President.

813-685-0827