

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90354 050 ****55.00

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



02132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3758427

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, MICHAEL D
601 BAYSHORE BLVD., SUITE 700
TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-9-06

Date

813-685-0827

Daytime Phone #