

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000012756

**FILED**  
**Jul 18, 2005**  
**Secretary of State**

**Entity Name:** WEST FLORIDA UROLOGY ASSOCIATES, LLC

**Current Principal Place of Business:**

6002 49TH STREET NORTH  
ST. PETERSBURG, FL 337092139

**New Principal Place of Business:**

**Current Mailing Address:**

6002 49TH STREET NORTH  
ST. PETERSBURG, FL 337092139

**New Mailing Address:**

**FEI Number:** 27-0013878      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SHASTEEN, PHILIP M  
100 NORTH TAMPA STREET, SUITE 1800  
ST. PETERSBURG, FL 337092139 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:** INTEJRATED HEARING S, ERVICES INC  
**Address:** 1841 WEST OAK PARKWAY STE A  
**City-St-Zip:** MARIETTA, GA 30062

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** INTEGRATED HEARING S, ERVICES INC  
**Address:** 1301 CAPITAL OF TEXAS HWY, STE 200B  
**City-St-Zip:** AUSTIN, TX 78746

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARGIL WHEELLOCK

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07/18/2005

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