

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012756

Entity Name: WEST FLORIDA UROLOGY ASSOCIATES, LLC

FILED
Jul 18, 2005
Secretary of State

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: INTEGRATED HEARING SERVICES INC
Address: 1841 WEST OAK PARKWAY STE A
City-St-Zip: MARIETTA, GA 30062

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: INTEGRATED HEARING SERVICES 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 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 WHEELOCK

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07/18/2005

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