

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90020 004 \*\*\*\*50.00

**DOCUMENT # L02000012756**

1. Entity Name

**WEST FLORIDA UROLOGY ASSOCIATES, LLC**



Principal Place of Business

**6002 49TH STREET NORTH  
ST. PETERSBURG FL 33709-2139**

Mailing Address

**6002 49TH STREET NORTH  
ST. PETERSBURG FL 33709-2139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**27-0013878**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHASTEEN, PHILIP M  
100 NORTH TAMPA STREET, SUITE 1800  
ST. PETERSBURG FL 33709-2139**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MB-RM**  
STREET ADDRESS **Healthtronics Surgical Services, Inc**  
CITY-ST-ZIP **1841 West Oak Parkway STE A**  
**Marietta, GA 30062**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MB-RM**  
STREET ADDRESS **Integrated Hearing Services Inc**  
CITY-ST-ZIP **1841 West Oak Parkway STE A**  
**Marietta, GA 30062**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

**4403**

**227-521-3645**

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

Date

Daytime Phone #

CR2E083 (10/02)