2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# L02000020212

Entity Name: SPECIALISTS IN UROLOGY SURGERY CENTER, LLC

Current Principal Place of Business:

990 TAMIAMI TRAIL NORTH
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

990 TAMIAMI TRAIL NORTH
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 55-0790742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FIGLESTHALER, WILLIAM M MD
990 TAMIAMI TRAIL NORTH
NAPLES, FL 34102 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:	FIGLESTHALER, WILLIAM M MD	
Address:	990 TAMIAMI TRAIL NORTH	
City-St-Zip:	NAPLES, FL 34102 US	
Title:	MGRM	( ) Delete
Name:	LUKE, STEVEN W MD	
Address:	990 TAMIAMI TRAIL NORTH	
City-St-Zip:	NAPLES, FL 34102 US	
Title:	MGRM	( ) Delete
Name:	GUREVITCH, EARL J MD	
Address:	990 TAMIAMI TRAIL NORTH	
City-St-Zip:	NAPLES, FL 34102 US	
Title:	MGRM	( ) Delete
Name:	D'ANGELO, MICHAEL F MD	
Address:	990 TAMIAMI TRAIL NORTH	
City-St-Zip:	NAPLES, FL 34102 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM F. FIGLESTHALER, M.D. MGRM 03/27/2008

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