

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020212

FILED
Mar 01, 2011
Secretary of State

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 ()

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
Name: FIGLESTHALER, WILLIAM M MD
Address: 990 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM
Name: LUKE, STEVEN W MD
Address: 990 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM
Name: GUREVITCH, EARL J MD
Address: 990 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM
Name: D'ANGELO, MICHAEL F MD
Address: 990 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34102 US

I hereby 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 FIGLESTHALER

MGRM

03/01/2011

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