

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90050 042 ****50.00

DOCUMENT # L02000026929	
1. Entity Name UROLOGY ASSOCIATES OF CENTRAL FLORIDA, P.L.	



Principal Place of Business 2509 PARTRIDGE DRIVE WINTER HAVEN, FL 33884	Mailing Address 2509 PARTRIDGE DRIVE WINTER HAVEN, FL 33884
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2. Principal Place of Business 427 E. CENTRAL AVE	3. Mailing Address 427 E. CENTRAL AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State WINTER HAVEN, FL	City & State WINTER HAVEN, FL
Zip 33880	Zip 33880
Country USA	Country USA



01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SHEL GREN, JOHN D M.D. 427 E. CENTRAL AVE. WINTER HAVEN, FL 33880	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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] DATE: 1/17/06

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2008	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEL GREN, JOHN D MD 2509 PARTRIDGE DRIVE WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] DATE: 1/17/06 DAYTIME PHONE: 863-293-5700

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