

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000026929

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



Principal Place of Business
427 E. CENTRAL AVE
WINTER HAVEN, FL 33880

Mailing Address
427 E. CENTRAL AVE
WINTER HAVEN, FL 33880



07032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SHEL GREN, JOHN D MD
STREET ADDRESS 2509 PARTRIDGE DRIVE
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/24/07-80010-017 55.00

**DO NOT WRITE
IN THIS SPACE**

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

07-17-07

Date

863-293-5100

Daytime Phone #