

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90024 006 ***143.75

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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

60003319



01072008No Chg-LLC

CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
SHEL GREN, JOHN D MD
2509 PARTRIDGE DRIVE
WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

Date

Daytime Phone #

01-11-08

863 293 5100