

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026929

FILED
Jan 05, 2010
Secretary of State

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

Current Principal Place of Business:

427 E. CENTRAL AVE
WINTER HAVEN, FL 33880

New Principal Place of Business:

427 E CENTRAL AVENUE
WINTER HAVEN, FL 33880

Current Mailing Address:

427 E. CENTRAL AVE
WINTER HAVEN, FL 33880

New Mailing Address:

427 E CENTRAL AVENUE
WINTER HAVEN, FL 33880

FEI Number: 22-3877762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHELGREN, JOHN D M.D.
427 E. CENTRAL AVE.
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

SHELGREN, JOHN D M.D.
427 E CENTRAL AVENUE
WINTER HAVEN, FL 33880 US

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: JOHN D SHELGREN, M.D.

01/05/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SHELGREN, JOHN D MD
Address: 2509 PARTRIDGE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

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: JOHN D. SHELGREN, M.D.

MGR

01/05/2010

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