

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026929

FILED
Jan 04, 2012
Secretary of State

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

Current Principal Place of Business:

427 E CENTRAL AVENUE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

427 E CENTRAL AVENUE
WINTER HAVEN, FL 33880

New Mailing Address:

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 AVENUE
WINTER HAVEN, FL 33880 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: 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 MD

MGRM

01/04/2012

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