

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90098 022 \*\*\*\*50.00

**DOCUMENT # L02000026929**

1. Entity Name

**UROLOGY ASSOCIATES OF CENTRAL FLORIDA, P.L.**



Principal Place of Business

**99 SIXTH STREET SW  
WINTER HAVEN FL 33880**

Mailing Address

**99 SIXTH STREET SW  
WINTER HAVEN FL 33880**

2. Principal Place of Business

**2509 Partridge Drive**

Suite, Apt. #, etc.

3. Mailing Address

**2509 Partridge Drive**

Suite, Apt. #, etc.

City & State

**Winter Haven FL**

City & State

**Winter Haven FL**

Zip

Country

**33884**

Zip

Country

**33884**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STAMBAUGH, ROBERT J  
99 SIXTH STREET SW  
WINTER HAVEN FL 33880**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **M&RM** ☐ Delete  
NAME **John D Shelgren MD.**  
STREET ADDRESS **2509 Partridge Drive**  
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **M&RM** ☐ Change ☒ Addition  
NAME **John D-Shelgren MD**  
STREET ADDRESS **2509 Partridge Drive**  
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** *John D Shelgren*

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

Date

Daytime Phone #

**9/8/03**

CR2E083 (4/03)