

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90206 012 ****50.00

DOCUMENT # L02000030460					
1. Entity Name UROLOGICAL CENTER, L.L.C.					
Principal Place of Business 1625 S.E. 3RD AVE FT. LAUDERDALE, FL 33321			Mailing Address 1625 S.E. 3RD AVE FT. LAUDERDALE, FL 33321		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 16-1639532	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ECK, WILLIAM B 1221 BRICKELL AVE. MIAMI, FL 33131			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME KNIGHT, MARK STREET ADDRESS 1625 S.E. 3RD AVE CITY-ST-ZIP FT. LAUDERDALE, FL 33321	<input type="checkbox"/> Delete		TITLE MGR NAME Fauer, Ronald MD STREET ADDRESS 1625 S.E. 3RD Avenue, Suite 800 CITY-ST-ZIP Fort Lauderdale, Florida 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME O'CONNOR, DEBORAH STREET ADDRESS 1625 SE 3RD AVE., SUITE 800 CITY-ST-ZIP FT. LAUDERDALE, FL 33321	<input type="checkbox"/> Delete		TITLE MGR NAME Yogel, Louis MD STREET ADDRESS 1625 S.E. 3RD Avenue, Suite 800 CITY-ST-ZIP Fort Lauderdale, Florida 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME WALLACE, ART STREET ADDRESS 1625 S.E. 3RD AVE CITY-ST-ZIP FT. LAUDERDALE, FL 33321	<input type="checkbox"/> Delete		TITLE MGR NAME Terzian, Nelson MD STREET ADDRESS 1625 S.E. 3RD Avenue, Suite 800 CITY-ST-ZIP Fort Lauderdale, Florida 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME LLOYD, CHRISTOPHER STREET ADDRESS 1625 S.E. 3RD AVE., SUITE 800 CITY-ST-ZIP FT. LAUDERDALE, FL 33321	<input type="checkbox"/> Delete		TITLE MGR NAME Tocci, Paul MD STREET ADDRESS 1625 S.E. 3RD Avenue, Suite 800 CITY-ST-ZIP Fort Lauderdale, Florida 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME GRANT, PAULINE STREET ADDRESS 1625 SE 3RD AVE., SUITE 800 CITY-ST-ZIP FORT LAUDERDALE, FL 33321	<input type="checkbox"/> Delete		TITLE MGR NAME Castro, L. Vincent M.D. STREET ADDRESS 1625 S.E. 3RD Avenue, Suite 800 CITY-ST-ZIP Fort Lauderdale, Florida 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME KAPLAN, MARSHALL MD STREET ADDRESS 1625 SE 3RD AVE., SUITE 800 CITY-ST-ZIP FORT LAUDERDALE, FL 33321	<input type="checkbox"/> Delete		TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Arthur C. Wallace</i>			1/9/2004 954 767-5201		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		