

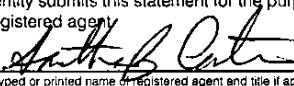
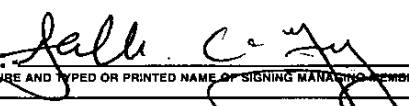


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90140 029 ****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 Suite, Apt. #, etc. 8th Floor		3. Mailing Address Suite, Apt. #, etc. 8th Floor		20010193 	
City & State		City & State		01062005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 16-1639532	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
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 Carter, Samantha B Street Address (P.O. Box Number is Not Acceptable) 110 S.E. 16th Street 15th Floor City Fort Lauderdale FL Zip Code 33301		
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 				DATE 1-22-04	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNIGHT, MARK 1625 S.E. 3RD AVE FT. LAUDERDALE, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8th Floor Zip - 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'CONNOR, DEBORAH 1625 SE 3RD AVE., SUITE 800 FT. LAUDERDALE, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MGR Fialk, Deborah 1625 SE 3rd Ave; 8th Floor FT. Lauderdale, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALLACE, ART 1625 S.E. 3RD AVE FT. LAUDERDALE, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8th Floor Zip 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LLOYD, CHRISTOPHER 1625 S.E. 3RD AVE., SUITE 800 FT. LAUDERDALE, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANT, PAULINE 1625 SE 3RD AVE., SUITE 800 FORT LAUDERDALE, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8th Floor Zip 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAPLAN, MARSHALL MD 1625 SE 3RD AVE., SUITE 800 FORT LAUDERDALE, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8th Floor Zip 33316	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 				Date 1/10/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					