2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2007
Secretary of State

DOCUMENT# L02000030460

Entity Name: UROLOGICAL CENTER, L.L.C.

Current Principal Place of Business:

1625 SOUTHEAST 3RD AVENUE
8TH FLOOR
FT. LAUDERDALE, FL 33321

New Principal Place of Business:

Current Mailing Address:

1625 SOUTHEAST 3RD AVENUE
8TH FLOOR
FT. LAUDERDALE, FL 33321

New Mailing Address:

FEI Number: 16-1639532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCARTNEY, SHARI
110 SOUTHEAST 16TH STREET
15TH FLOOR
FORT LAUDERDALE, FL 33301 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:	MGR	( ) Delete
Name:	FUNG-SANG, LOUIS	
Address:	1625 SOUTHEAST THIRD AVENUE, 8TH FL	
City-St-Zip:	FT LAUDERDALE, FL 33316	
Title:	MGR	( ) Delete
Name:	SHIRLEY, JASMIN	
Address:	1625 SOUTHEAST THIRD AVENUE, 8TH FL	
City-St-Zip:	FT LAUDERDALE, FL 33316	
Title:	MGR	( ) Delete
Name:	ROGERS, JOSEPH	
Address:	1625 SOUTHEAST THIRD AVENUE, 8TH FL	
City-St-Zip:	FT LAUDERDALE, FL 33316	
Title:	MGR	( ) Delete
Name:	FAUER, RONALD	
Address:	1625 SOUTHEAST THIRD AVENUE, 8TH FL	
City-St-Zip:	FT LAUDERDALE, FL 33316	
Title:	MGR	( ) Delete
Name:	YOGEL, LOUIS	
Address:	1625 SOUTHEAST THIRD AVENUE, 8TH FL	
City-St-Zip:	FT LAUDERDALE, FL 33316	
Title:	MGR	( ) Delete
Name:	TOCCI, PAUL	
Address:	1625 SOUTHEAST THIRD AVENUE, 8TH FL	
City-St-Zip:	FT LAUDERDALE, FL 33316	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LOUIS FUNG-SANG MGR 08/27/2007

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