

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # L02000030460

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



Principal Place of Business
1625 SOUTHEAST 3RD AVENUE
8TH FLOOR
FT. LAUDERDALE, FL 33321

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



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1639532

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCARTNEY, SHARI
110 SOUTHEAST 16TH STREET
15TH FLOOR
FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FUNG-SANG, LOUIS
STREET ADDRESS	1625 SOUTHEAST THIRD AVENUE, 8TH FL
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	MGR
NAME	SHIRLEY, JASMIN
STREET ADDRESS	1625 SOUTHEAST THIRD AVENUE, 8TH FL
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	MGR
NAME	ROGERS, JOSEPH
STREET ADDRESS	1625 SOUTHEAST THIRD AVENUE, 8TH FL
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	MGR
NAME	FAUER, RONALD
STREET ADDRESS	1625 SOUTHEAST THIRD AVENUE, 8TH FL
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	MGR
NAME	YOGEL, LOUIS
STREET ADDRESS	1625 SOUTHEAST THIRD AVENUE, 8TH FL
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	MGR
NAME	TOCCI, PAUL
STREET ADDRESS	1625 SOUTHEAST THIRD AVENUE, 8TH FL
CITY-ST-ZIP	FT LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Beverley Harriott 1/14/07 (454) 355-5150