

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004126

Entity Name: UROLOGY SPECIALTY CARE, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

ATTN: COSME GOMEZ, M.D.
7265 SW 93 AVENUE, SUITE 201
MIAMI, FL 33173

New Principal Place of Business:

7265 SW 93 AVENUE
SUITE 201
MIAMI, FL 33173

Current Mailing Address:

132 MINORCA AVENUE
ATTN: JOSE E. SMITH
CORAL GABLES, FL 33134

New Mailing Address:

132 MINORCA AVENUE
JOSE E. SMITH
CORAL GABLES, FL 33134

FEI Number: 65-1179962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JOSE E
132 MINORCA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CORPORATE COMPANY OF MIAMI
250 AUSTRALIAN AVENUE
SUITE 500 (JAF)
WEST PALM BEACH, FL 33401 US

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: JAMES FARRELL, ESQ

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: BONDHUS, MARVIN J
Address: 132 MINORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: GOMEZ, COSME MD
Address: 132 MINORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Change (X) Addition
Name: PUIG, ROBERT MD
Address: 132 MINORCA AVE
City-St-Zip: CORAL GABLES, FL 33134

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: COSME GOMEZ, MD

PRES

03/20/2009

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