

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000008055 1. Entity Name BURSING, LLC	
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Principal Place of Business 3230 LAKE WORTH ROAD LAKE WORTH, FL 33461	Mailing Address 3230 LAKE WORTH ROAD LAKE WORTH, FL 33461
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01242006 No Chg-LLC

CR2E083 (11/05)

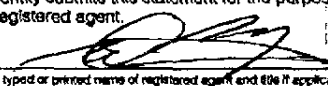
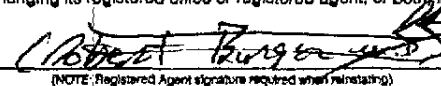
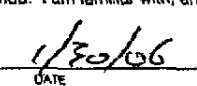
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0019581	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BURGER, ROBERT M.D. 3230 LAKE WORTH ROAD LAKE WORTH, FL 33461

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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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

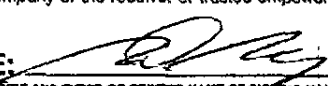
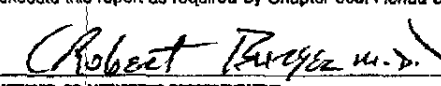
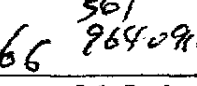
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGER, ROBERT M.D. 3230 LAKE WORTH ROAD LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGER, JERRY M.D. 3230 LAKE WORTH ROAD LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UROLOGIC SPECIALISTS, P.A. 3230 LAKE WORTH ROAD LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/06-80029-005 50.00

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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 #