

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008055

1. Entity Name
BURSING, LLC



Principal Place of Business
3230 LAKE WORTH ROAD
LAKE WORTH, FL 33461

Mailing Address
3230 LAKE WORTH ROAD
LAKE WORTH, FL 33461

FILED
Apr 26, 2007 08:00 AM
Secretary of State



04172007 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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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 reinstating)

DATE

**Filing Fee Is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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05/09/07-80126-025 50.00

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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 #