-2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 29, 2004 08:00 AM Secretary of State

1.26.04

| ANTIOAL ILI ON | | | | | Secretary of State | | | | |
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| DOCUMENT # L03000029662 1. Entity Name THE GAINESVILLE UROLOGY CENTER LIMITED LIABILTY COMPANY | | | | | | Secret | ary oi Stat | .e | |
| Principal Plac | e of Business | Mailing Address | - | | Ī | | | | |
| 4340 WEST NEWBERRY ROAD STE. 203 GAINESVILLE, FL 32607 GAINESVILLE, FL | | | | 3 | | | | | |
| | | 1 - 44 19 | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01182004 | Chg-LLC | CR2E083 (10/03) | | | |
| City & State | | City & State | | 4. FEI Numbe | ŧ | | oplied For | | |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | \$5.00 Add | ditional | |
| | 6. Name and Address of Current F | Registered Agent | <u> </u> | | 7. Name and | Address of New F | | | |
| | | | Name | } | | | | | |
| GADDY, CLARK M.D. 4340 WEST NEWBERRY ROAD STE. 203 GAINESVILLE, FL 32607 | | | Stree | t Address (| Address (P.O. Box Number is Not Acceptable) | | | | |
| OMMEON | ELL, I C 32001 | | | | | | 7 | | |
| · | | | City | | | | FL Zip Cod | | |
| 8. The above the obligat | e named entity submits this statement for tions of registered agent. | the purpose of changing its | registered office | or register | ed agent, or both | h, in the State of Fic | orida. I am familiar with, | and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | nd tive if applicable (NOT) | E, Registered Agent sig | nature required | when reinstating) | | DATE | | |
| | | | | • | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | | | | te check payable to a Department of Stat | ŧ | |
| | MANAGING MEMBER | OC (MANAGEDO | 10. | | | ADDITIONS, | /CHANGES | | |
| 9. | WANTED THE TOP OF THE PROPERTY | SO/MANAGERS | | | | | - Character | ☐ Addition | |
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