


**-2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000029662 1. Entity Name THE GAINESVILLE UROLOGY CENTER LIMITED LIABILITY COMPANY					
Principal Place of Business 4340 WEST NEWBERRY ROAD STE. 203 GAINESVILLE, FL 32607			Mailing Address 4340 WEST NEWBERRY ROAD STE. 203 GAINESVILLE, FL 32607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GADDY, CLARK M.D. 4340 WEST NEWBERRY ROAD STE. 203 GAINESVILLE, FL 32607			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GADDY, CLARK M.D. 4340 WEST NEWBERRY ROAD STE. 203 GAINESVILLE, FL 32607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAMA, CRISTOFORO M.D. 4340 WEST NEWBERRY ROAD STE. 203 GAINESVILLE, FL 32607	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>X [Signature]</i> Administrator				1.26.04 3525744223	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	



01182004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GADDY, CLARK M.D. 4340 WEST NEWBERRY ROAD STE. 203 GAINESVILLE, FL 32607	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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