


FILED
Mar 11, 2005 8:00 am
Secretary of State

02-08-2005 90079 049 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			
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	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X <i>Clark D. Gaddy</i>		22.05 7523744223	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

30001404



01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0222219** Applied For
APPLIED FOR Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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SIGNATURE DATE

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Please note correction
FEI #
20-0222219