

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000035783

**FILED**  
**Apr 23, 2004**  
**Secretary of State**

**Entity Name:** UROLOGIC LEASING ASSOCIATES, LLC

**Current Principal Place of Business:**

9230 BLIND PASS RD.  
SARASOTA, FL 34242

**New Principal Place of Business:**

3118 DICK WILSON  
SARASOTA, FL 34240

**Current Mailing Address:**

9230 BLIND PASS RD.  
SARASOTA, FL 34242

**New Mailing Address:**

3118 DICK WILSON  
SARASOTA, FL 34240

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUSSELL, JOANNE  
9230 BLIND PASS RD.  
SARASOTA, FL 34242

**Name and Address of New Registered Agent:**

RUSSELL, JOANNE  
3118 DICK WILSON  
SARASOTA, FL 34240

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.

SIGNATURE: JOANNE RUSSELL

04/23/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: RUSSELL, JOANNE  
Address: 3118 DICK WILSON  
City-St-Zip: SARASOTA, FL 34240 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOANNE RUSSELL

MGRM

04/23/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date