


**2008 LIMITED-LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000035783 1. Entity Name UROLOGIC LEASING ASSOCIATES, LLC	
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Principal Place of Business 3118 DICK WILSON SARASOTA, FL 34240	Mailing Address 3118 DICK WILSON SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE



01302008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 51-0483307	Applied For Nor Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

RUSSELL, JOANNE
3118 DICK WILSON
SARASOTA, FL 34240

No Change

**DO NOT WRITE
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 Joanne Russell (NOTE: Registered Agent signature required when reinstating) DATE 1-29-08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSELL, JOANNE 3118 DICK WILSON SARASOTA, FL 34240
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02/07/08-80041-003 138.75

**DO NOT WRITE
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: Joanne Russell 1-29-08 941-724-0335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #