

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050445

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: PEACE RIVER UROLOGY, L.C.

## Current Principal Place of Business:

3036-F TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

3390 TAMIAMI TRAIL  
201  
PORT CHARLOTTE, FL 33952

## Current Mailing Address:

3036-F TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

## New Mailing Address:

3390 TAMIAMI TRAIL  
201  
PORT CHARLOTTE, FL 33952

FEI Number: 32-0680564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OAKS, DAVID K ESQ.  
407 EAST MARION AVENUE, SUITE 101  
PUNTA GORDA, FL US

## Name and Address of New Registered Agent:

OAKS, DAVID K ESQ.  
407 EAST MARION AVENUE, SUITE 101  
PUNTA GORDA, FL 33950 US

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:

04/27/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: SHARMA, ARVIND  
Address: 3036-F TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33952

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SHARMA, ARVIND  
Address: 3390 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: ARVIND SHARMA

MD

04/27/2004

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