2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2006
Secretary of State

DOCUMENT# L03000050445

Entity Name: PEACE RIVER UROLOGY, L.C.

Current Principal Place of Business:

3390 TAMIAMI TRAIL
201
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

3390 TAMIAMI TRAIL
SUITE # 201
PORT CHARLOTTE, FL 33952

Current Mailing Address:

3390 TAMIAMI TRAIL
201
PORT CHARLOTTE, FL 33952

New Mailing Address:

3390 TAMIAMI TRAIL
SUITE # 201
PORT CHARLOTTE, FL 33952

FEI Number: 32-0680564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 MGR. 05/17/2006

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