

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90027 027 \*\*\*\*50.00

**DOCUMENT # L03000053542**

1. Entity Name  
**SOUTH FLORIDA UROLOGY MANAGEMENT G.P., L.L.C.**



Principal Place of Business  
**2500 HALLANDALE BEACH BLVE STE 500  
HALLANDALE BEACH, FL 33309**

Mailing Address  
**2500 HALLANDALE BEACH BLVE STE 500  
HALLANDALE BEACH, FL 33309 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-0487867**

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

**KRAMER, ROBERT M  
4000 HOLLYWOOD BLVD., SUITE 485-SOUTH  
HOLLYWOOD, FL 33021**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
ANTOSEK, RICHARD  
21150 BISCAYNE BLVD., SUITE 404  
AVENTURA, FL 33180**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
Mark H. Christ, M.D.  
21150 Biscayne Blvd., #404  
Aventura, FL 33180**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
CHRIST, MARK  
21150 BISCAYNE BLVD., SUITE 404  
AVENTURA, FL 33180**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
21150 Biscayne Blvd., #404  
Aventura, FL 33180**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
GITTELMAN, MARC  
21150 BISCAYNE BLVD., SUITE 404  
AVENTURA, FL 33180**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
PINES, JACK  
21150 BISCAYNE BLVD., SUITE 404  
AVENTURA, FL 33180**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
SAMOWITZ, HARVEY  
21150 BISCAYNE BLVD., SUITE 404  
AVENTURA, FL 33180**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
WEINSTEIN, MITCHELL  
21150 BISCAYNE BLVD., SUITE 404  
AVENTURA, FL 33180**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-25-06 954-748-4771**

Date

Daytime Phone #