

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053542

FILED
Jan 16, 2008
Secretary of State

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

Current Principal Place of Business:

2500 HALLANDALE BEACH BLVE STE 500
HALLANDALE BEACH, FL 33309

New Principal Place of Business:

Current Mailing Address:

2500 HALLANDALE BEACH BLVD
PENTHOUSE 2
HALLANDALE BEACH, FL 33309 US

New Mailing Address:

FEI Number: 20-0487867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD., SUITE 485-SOUTH
HOLLYWOOD, FL 33021 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: ANTOSEK, RICHARD
Address: 21150 BISCAYNE BLVD., SUITE 404
City-St-Zip: AVENTURA, FL 33180

Title: MGRD () Delete
Name: CHRIST, MARK
Address: 21150 BISCAYNE BLVD., SUITE 404
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: GITTELMAN, MARC
Address: 21150 BISCAYNE BLVD., SUITE 404
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: PINES, JACK
Address: 21150 BISCAYNE BLVD., SUITE 404
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: SAMOWITZ, HARVEY
Address: 21150 BISCAYNE BLVD., SUITE 404
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: WEINSTEIN, MITCHELL
Address: 21150 BISCAYNE BLVD., SUITE 404
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT GRASHOFF

RB

01/16/2008

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