2004 LIMITED LIABILITY CÓMPÁNY ANNUAL REPORT

FILED Mar 16, 2004 8:00 am Secretary of State

| I DEFINING OF CONTROL FOR THE PARK BURN COUNTRY OF THE CONTROL FOR THE CONTROL | DOCUMENT # L03000055030 1. Enlity Name UROLOGY ASSOCIATES OF GAINESVILLE REAL ESTATE, LLC | | | | | | 03-08-20 | 004 90273 | | | |
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| Suite. ADL 4, etc. Suite. ADL 4, etc. City & State Country Zip Country S. Countr | 6440 W. NEWBERRY ROAD, SUITE 409 6440 W. NEWBERRY ROA | | | | | | | 34001 | 1004 | | |
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| Section Sect | City & State | | City & State | | | 4. FEI Numbe | 0514 | 401 | | | |
| THOMPSON_J_DEREK Stroot Address (P.O. Box Number is Not Acceptable) City FL Zo Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florids. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florids. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florids. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florids. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florids. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florids. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florids. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florids. If an familiar with, and accept the obligation accept the obligations of registered agent, or both, in the State of Florids. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florids. If an familiar with, and accept the obligation ac | Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | \$! | 5.00 Add | itional | i |
| Name | | 6. Name and Address of Current | Registered Agent | <u> </u> | | 7. Name and | Address of New | | | 1. | |
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| R. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM THOMPSON, J. DEREK STRETADORSS CITY-S1-2P GAINESVILLE, FL 32605 ITILE MGRM GRM Delete MANE STRETADORSS GAINESVILLE, FL 32605 ITILE MGRM GRM GRM GRM GAINESVILLE, FL 32605 ITILE MGRM GRM GRM GRM GAINESVILLE, FL 32605 ITILE MGRM GRM GRM GRM GAINESVILLE, FL 32605 ITILE MGRM GRM GRM GAINESVILLE, FL 32605 ITILE MANE STRETADORSS GITY-S1-2P ITILE MANE STRETADORSS GITY-S1-2 | SIGNATURE . | | | | | | | | | | |
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I nersply certify that the information supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the register of true manager of the section of the section of the control of the section of the se