## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 01, 2007 8:00 am Secretary of State **DOCUMENT # L03000055030** 05-01-2007 90330 034 \*\*\*\*50.00 UROLOGY ASSOCIATES OF GAINESVILLE REAL ESTATE, LLC Principal Place of Business Mailing Address 1179 NW 64TH TERRACE 60047267 1179 NW 64TH TERRACE GAINESVILLE, FL 32605 GAINESVILLE, FL 32605 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-LLC CR2E083 (12/06) Applied For 4. FEI Number City & State City & State 20-0519401 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTIN N. RIFKIN, MD AND MESSANGHE Street Address (P.O. Box Number is Not Acceptable) 1170AWAGITH JERRACE BAINESWILLEX FX X32805 1179 NW 64th TERRACE Zip Code 32605 GAINESVILLE 8. The above named entity submits this 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 SIGNATURE (NOTÉ: Registered Agent signature required when reinstating) DATE same of registered agent and title if applicable Make Check payable to Florida Department of State Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS / MANAGERS 9. 10. ADDITIONS/CHANGES Delete MGRM TITLE TOLE ☐ Change ■ Addition LEHOKAD ROH'XIX DEFLIEK NAME NAME STREET ADDRESS TATANSMA RATES DE RRACES STREET ADORESS GANNESVILLES XXXXXXXX CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TILLE RIFKIN, MARTIN N NAME NAME 1179 NW 64TH TERRACE STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32605 CITY-ST-ZIP CNY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Oelete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

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

FILED