

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012808

Entity Name: UROCARE LEASING, L.L.C.

FILED
Apr 04, 2005
Secretary of State

Current Principal Place of Business:

C/O JOHN PESELLA
21150 BISCAYNE BLVD, STE 404
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

C/O JOHN PESELLA
21150 BISCAYNE BLVD, STE 404
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-0755118

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, STE 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/MEMBERS:

Title: MGR () Delete
Name: WINTON, LAWRENCE
Address: 21150 BISCAYNE BLVD, STE 404
City-St-Zip: AVENTURA, FL 33180

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

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

Title: MGR () Delete
Name: TANNENBAUM, STEPHEN
Address: 21150 BISCAYNE BLVD, STE 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HARVEY SAMOWITZ

MGR

04/04/2005

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