


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L04000020920 1. Entity Name MIAMI UROGYNECOLOGY CENTER LLC					
Principal Place of Business 7300 SW 62ND PL 5TH FL MIAMI, FL 33143			Mailing Address 3225 AVIATION AVE SUITE 500 MIAMI, FL 33133-4741		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent YELEN, MITCHELL A 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 54-2129332	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR BOYETT, ROBERT MD 8955 SW 87 COURT #214 MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000751070 05/18/07-80088-008 750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Robert E. Boyett MD</u> Robert E. Boyett, MD April 25, 2007 305-273-4641					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					