


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

3 **FILED**
Apr 14, 2005 8:00 am
Secretary of State

03-22-2005 90182 031 ****50.00

DOCUMENT # L04000028450					
1. Entity Name PANAMA CITY UROLOGICAL RESEARCH, LLC					
Principal Place of Business 80 DOCTORS DRIVE PANAMA CITY, FL 32405		Mailing Address 80 DOCTORS DRIVE PANAMA CITY, FL 32405			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02252005 Chg-LLC CR2E083 (10/03) 200972050	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUNN, NEAL P 80 DOCTORS DRIVE PANAMA CITY, FL 32405			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005.		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
		✓ Neal P. Dunn MD			
		80 Doctors Drive			
		Panama City FL 32405			
		✓ Healey, Dennis E MD			
		80 Doctors Drive			
		Panama City FL 32405			
		✓ Reiswagner, Jay C MD			
		80 Doctors Drive			
		Panama City FL 32405			
		✓ Ramos, Carlos E MD			
		80 Doctors Drive			
		Panama City FL 32405			
		✓ Eisenbraun, J Nicole MD			
		80 Doctors Drive			
		Panama City FL 32405			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 808, Florida Statutes.					
SIGNATURE: _____			Date: 3/14/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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