2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# L04000028450

Entity Name: PANAMA CITY UROLOGICAL RESEARCH, LLC

Current Principal Place of Business:

80 DOCTORS DRIVE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

80 DOCTORS DRIVE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 20-0972050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNN, NEAL P
80 DOCTORS DRIVE
PANAMA CITY, FL 32405 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/MANAGERS:

Title: P ( ) Delete
Name: DUNN, MD, NEAL P
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: V ( ) Delete
Name: HEALEY, MD, DENIS E
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S ( ) Delete
Name: BEISWANGER, MD, JOYCE
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: T ( ) Delete
Name: RAMOS, MD, CARLOS
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: DS ( ) Delete
Name: EISENBRAUN, MD, J. NICOLE
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS ( ) Change (X) Addition
Name: JENKINS, MD, MICHAEL A
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NEAL P. DUNN, MD P 01/08/2007

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