

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000028450

**FILED**  
**Oct 25, 2010**  
**Secretary of State**

**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 MD  
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: NEAL P. DUNN, MD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

Title: S  
Name: BEISWANGER, JAY C MD  
Address: 80 DOCTORS DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

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

Title: DS  
Name: EISENBROWN, JEANNE N MD  
Address: 80 DOCTORS DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

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

I hereby 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

PRES

10/25/2010

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