# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 19, 2009**
**Secretary of State**

DOCUMENT# L04000043240

**Entity Name:** UROGYN ENTERPRISES, LLC

**Current Principal Place of Business:**

866 HATCHEE VISTA LANE
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

866 HATCHEE VISTA LANE
FORT MYERS, FL 33919

**New Mailing Address:**

14169 REFLECTION LAKES DR
FORT MYERS, FL 33907

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIZZO, JASPER J D.O.
866 HATCHEE VISTA LANE
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

RIZZO, JASPER J D.O.
14169 REFLECTION LAKES DR
FORT MYERS, FL 33907 US

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: JASPER J RIZZO, DO 04/19/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: YANKASKAS, MARY C M.D.
Address: 866 HATCHEE VISTA LANE
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: MARY C YANKASKAS, MD MGR 04/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date