

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053334

FILED
May 01, 2007
Secretary of State

Entity Name: J. ECHENIQUE, M. PADRON & J. ESPOSITO, MDS, LLC.

Current Principal Place of Business:

2931 CORAL WAY
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2931 CORAL WAY
MIAMI, FL 33145

New Mailing Address:

FEI Number: 20-1384193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

UROLOGY SPECIALTY GROUP LLC
4709 SW 75TH AVENUE
MIAMI, FL 33155 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ECHENIQUE, JORGE
Address: 2931 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: MGR () Delete
Name: ESPOSITO, JOSEPH
Address: 2931 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: MGR () Delete
Name: PADRON, MANUEL
Address: 2931 CORAL WAY
City-St-Zip: MIAMI, FL 33145

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:

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: JORGE ECHENIQUE

MGR

05/01/2007

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