

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000053347

**FILED**  
**Jan 25, 2006**  
**Secretary of State**

**Entity Name:** E. GARCIA-MONTES, MD., LLC.

**Current Principal Place of Business:**

3661 S. MIAMI AVENUE  
SUITE 405  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3661 S. MIAMI AVENUE  
SUITE 405  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 20-1384892      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

UROLOGY SPECIALTY GROUP LLC.  
4709 SW 75 AVENUE  
MIAMI, FL 33155      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: MGR      ( ) Delete  
Name: GARCIA-MONTE, EDUARDO  
Address: 3661 S. MIAMI AVENUE, SUITE 405  
City-St-Zip: MIAMI, FL 33133

**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 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: EDUARDO GARCIA-MONTES

DR

01/25/2006

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