

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90173 037 \*\*\*\*50.00

**DOCUMENT # L04000071958**

1. Entity Name  
UROLOGY CALL ASSOCIATES, LLC



**Principal Place of Business**

LUCERNE MEDICAL PLAZA  
100 WEST GORE STREET, SUITE 405  
ORLANDO, FL 32806  
FLORIDA UROLOGY GROUP, P.A.

**Mailing Address**

LUCERNE MEDICAL PLAZA  
100 WEST GORE STREET, SUITE 405  
ORLANDO, FL 32806

21 W. COLUMBIA ST., SUITE 101  
ORLANDO, FLORIDA 32806

**DO NOT WRITE IN THIS SPACE**

4011300



02082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
43-2062339

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ESTES, THEODORE D ESQ  
24 SOUTH ORANGE AVE.  
ORLANDO, FL 32801

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                |  |
|----------------|--|
| TITLE          | MGR                                      |
| NAME           | ANDERSON, AXEL W IV, MD                  |
| STREET ADDRESS | <del>400 W. GORE STREET, SUITE 405</del> |
| CITY-ST-ZIP    | ORLANDO, FL 32806                        |
| TITLE          | FLORIDA UROLOGY GROUP, P.A.              |
| NAME           | 21 W. COLUMBIA ST., SUITE 101            |
| STREET ADDRESS | ORLANDO, FLORIDA 32806                   |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #