

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071958

FILED
Jan 31, 2009
Secretary of State

Entity Name: UROLOGY CALL ASSOCIATES, LLC

Current Principal Place of Business:

21 WEST COLUMBIA ST SUITE 101
ORLANDO, FL 32806

New Principal Place of Business:

1616 WOODWARD ST
ORLANDO, FL 32803

Current Mailing Address:

1616 WOODWARD ST
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 43-2062339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTES, THEODORE D ESQ
24 SOUTH ORANGE AVE.
ORLANDO, FL 32801 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: ANDERSON, AXEL W IV,MD
Address: 21 WEST COLUMBIA ST SUITE 101
City-St-Zip: ORLANDO, FL 32806

Title: MGR () Delete
Name: GERBER, ADAM MD
Address: 2636 LAKE SHORE DR
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: GERBER, ADAM MD
Address: 1616 WOODWARD ST
City-St-Zip: ORLANDO, FL 32803

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: ADAM GERBER, MD

MGR

01/31/2009

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