2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L05000022331

Entity Name: NEW UROLOGY DAY CLINIC LLC

Current Principal Place of Business:

500 NE 155 TERRACE
NORTH MIAMI, FL 33161 US

New Principal Place of Business:

500 NE 155 TERRACE
NORTH MIAMI BEACH, FL 33162 US

Current Mailing Address:

500 NE 155 TERRACE
NORTH MIAMI, FL 33161 US

New Mailing Address:

500 NE 155 TERRACE
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 20-2440924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOUSSAINT, GRACELLE
500 NE 155 TERRACE
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

TOUSSAINT, GRACELLE
500 NE 155 TERRACE
NORTH MIAMI BEACH, FL 33162 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: GRACELLE TOUSSAINT 04/30/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NU DAY CLINIC,
Address: 500 NE 155 TERRACE
City-St-Zip: NORTH MIAMI, FL 33161 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NU DAY CLINIC,
Address: 500 NE 155 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

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: GRACELLE TOUSSAINT MS. 04/30/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date