

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022331

FILED
May 01, 2009
Secretary of State

Entity Name: NEW UROLOGY DAY CLINIC LLC

Current Principal Place of Business:

500 NE 155 TERRACE
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

13899 BISCAYNE BLVD.
SUITE 152
NORTH MIAMI BEACH, FL 33176 US

Current Mailing Address:

500 NE 155 TERRACE
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

13899 BISCAYNE BLVD.
SUITE 152
NORTH MIAMI BEACH, FL 33176 US

FEI Number: 20-2440924 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:

TOUSSAINT, GRACELLE
500 NE 155 TERRACE
NORTH MIAMI BEACH, FL 33162 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: NU DAY CLINIC
Address: 500 NE 155 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

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 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

MGR

05/01/2009

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